

## ABSTRACT

### AFRICANA WOMEN'S STUDIES

FRANCIS, CLARISSA E.      B.A. BOWLING GREEN STATE UNIVERSITY, 2010

#### BLACK COLLEGE WOMEN'S RESPONSES TO SEXUAL HEALTH PEER

#### EDUCATION AT CLARK ATLANTA UNIVERSITY

Committee Chair: Josephine Bradley, Ph.D.

Thesis dated May 2014

This research evaluated the impact Clark Atlanta University's (CAU) Sexual Health Peer Education (SHPE) program has on black college women's sexual health knowledge, attitudes and beliefs towards sexuality, sexual behaviors, and sexual health. In addition, this research explores the strategies used by Clark Atlanta University's SHPE program, Health Promoters Educating and Encouraging Responsible Students (H-PEERS). This research was based on the premise that multiple factors contribute to the efficacy of the transmission of sexual health education such as social determinants, cultural competency, use of statistics, and location. In the United States, African-American women account for 60% of the cases of Human Immunodeficiency Virus (HIV) of women. Many researchers have focused on the high rates of HIV among African-American women. However, this research focused exclusively on black college women at CAU. This research consisted of a mixed method, including a critical program evaluation and participant observation that involved SHPE and black college women

students attending CAU. The researcher found that the majority of the black college women who attended an event sponsored by H-PEERS reported it to have effectively impacted their overall sexual health. The researcher concludes that the strategies used by H-PEERS are effective, but the organization must develop strategies that are inclusive to all sexual identities represented at CAU. The researcher recommends further research focusing on other populations represented at the university including black male and lesbian, gay, bisexual, transgender, and queer (LGBTQ) students.

© 2014

Clarissa E. Francis

All Rights Reserved

BLACK COLLEGE WOMEN'S RESPONSES TO SEXUAL HEALTH PEER  
EDUCATION AT CLARK ATLANTA UNIVERSITY

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY  
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF ARTS

BY

CLARISSA E. FRANCIS

DEPARTMENT OF AFRICAN-AMERICAN STUDIES, AFRICANA WOMEN'S  
STUDIES, AND HISTORY

ATLANTA, GEORGIA

MAY 2014

## ACKNOWLEDGEMENTS

I am grateful to my thesis committee: Dr. Josephine Bradley, Dr. Christopher Bass, and Karla Scipio, BSN, RN. Their collaborative effort to encourage, guide and support me during this process allowed me to develop an understanding of this subject and my passion. I would also like to show my gratitude to the students, staff, and faculty of the African-American Studies, Africana Women's Studies, and History program for the knowledge, dialogue, and support which guided my steps towards a document that represents my growth as an Africana Women's scholar. This thesis would not have been possible without Clark Atlanta University's H-PEERS. It is because of this organization that I developed the courage to conduct research on this subject. Lastly, I owe my deepest gratitude to family, friends, and mentors who have offered moral support during this entire process.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
-----------------------	----

LIST OF TABLES.....	v
---------------------	---

LIST OF ABBREVIATIONS.....	vii
----------------------------	-----

### CHAPTER

#### I. INTRODUCTION

Background of Sexual Health Peer Education.....	2
---	---

Significance.....	5
-------------------	---

Statement of the Problem.....	9
-------------------------------	---

Theoretical/Conceptual Framework.....	11
---------------------------------------	----

Methodology.....	12
------------------	----

Research Questions.....	14
-------------------------	----

#### II. LITERATURE REVIEW

##### SHPE Programs and Sexual Health at Higher Education

Institutions.....	18
-------------------	----

Efficacy of Strategies Used in Sexual Education.....	22
--	----

	Roles of Culture, Race, and Gender on Sexual Health Education for African Americans.....	26
III.	HISTORICAL REVIEW/CONTEXT OF THE PROBLEM	
	Historical Review.....	41
	Context of the Problem.....	48
IV.	FINDINGS AND DISCUSSION	
	Overview of Data Collection.....	58
V.	CONCLUSION	
	Conclusion.....	94
	Recommendations.....	97
	BIBLIOGRAPHY.....	105

## LIST OF TABLES

4.1 First Introduced to Sexual Health Education.....	62
4.2 Students' Sources of Sexual Health Information prior to attending CAU.....	63
4.3 Sexual Information CAU Female Students Received prior to attending CAU.....	64
4.4. Perception of Sexual Health Knowledge.....	65
4.5. Efficacy of H-PEERS sponsored programs on Sexual Health Knowledge	
4.6. Most Influence on CAU's Black College Women's Attitudes towards Sexuality.....	67
4.7 Sexuality/Sexual Health Discussion in the Home.....	68
4.8. Sexual Beliefs of CAU's Black College Women	
4.9. Efficacy of H-PEERS Programs on Female Students' Attitudes and Beliefs towards Sexuality (ABTS).....	69
4.10. Sexually Active Status of students.....	70
4.11. Types of sex reported by students	
4.12. Sexual partners reported by students.....	71
4.13. Risky sexual behaviors reported by students.....	72
4.14. Risk-reduction sexual behaviors reported by students.....	73
4. 15. H-PEERS sponsored events impact on students' sexual behaviors	
4.16. Students reported having symptoms or diagnosis associated with STDs.....	74
4.17. STDs Students Reported Prior to Attendance at CAU.....	75
4.18. H-PEERS impact on CAU's students' sexual health status.....	76
4.19. Body Image rate reported by students	
4.20. Students who reported experiencing sexual assault (or abuse)	



4.21. Sources students receive sexual health information at CAU.....	83
4.22. Frequency of students' attendance at H-PEERS sponsored events	
4.23. Reason students never attended H-PEERS sponsored events.....	84

## LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Virus
ABTS	Attitudes and Beliefs Towards Sexuality
BGSU	Bowling Green State University
BSRI	Bem Sex Role Inventory
CAU	Clark Atlanta University
CDC	Centers for Disease Control and Prevention
H-PEERS	Health Promoters Educating and Encouraging Responsible Students
HBCU	Historical Black Colleges and Universities
HIV	Human Immunodeficiency Virus
HPV	Human Papillomaviruses
IPV	Intimate Partner Violence
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
PAQ	Personal Attribute Questionnaire
PWI	Predominately White Institution

<b>SHM</b>	<b>Sexual Health Model</b>
<b>SHPE</b>	<b>Sexual Health Peer Education</b>
<b>STDI</b>	<b>Sexually Transmitted Diseases and Infections</b>

## CHAPTER I

### INTRODUCTION

The purpose of this research was to evaluate the impact Sexual Health Peer Education (SHPE) has on the sexual health knowledge, attitudes and beliefs towards sexuality, sexual behaviors, and sexual health of black college women who attend Clark Atlanta University (CAU). This research focused on the health peer education programs at Clark Atlanta University in Atlanta, Georgia. The aim of this research was to evaluate black college women's responses to the strategies used by the Sexual Health Peer Education program at CAU. Various scholars have investigated Black college women's sexual health knowledge, attitudes toward sexuality, sexual behaviors, and sexual health status. The research explores the efficacy of strategies used by SHPE programs and attempts to identify the most effective interventions to transmit sexual health information to African-American women. Research pertaining to culture, race, and gender of transmission of sexual health education and values appears to be part of the scholarly discussion as well. However, all institutions of higher education should acquire knowledge and address the issues of all ethnicities that attend the institution. It cannot be assumed that all African-American students, or students of other ethnicities, share the same background and experiences. Institutions should assess the population of students that attend in order to effectively address issues that affect that population.

## **Background of Sexual Health Peer Education**

Many institutions of higher education have implemented health peer education programs to address health issues affecting college students. One of the most popular topics that health peer education addresses on college campuses is sexual health. The responsibility of a health peer educator is to learn accurate health information and use innovative ways to present the various topics to students on college campus. Health peer educators present on topics such as: drugs and alcohol abuse, sexual health (sexually transmitted infections, contraception, and safer sex), mental health (stress, depression, and body image), fitness and nutrition (obesity, eating disorders, exercising), chronic illnesses, and sexual assault to college students using innovative ways.<sup>1</sup> The presentations are requested by residential advisors, student organizations, and professors.

One of the earliest health peer education programs was created at University of Florida in 1975. It was founded by students with the help of the Dean for Student Services, Tom Goodale and a graduate student in Counseling Education, Gerardo Gonzalez. The program solely focused on alcohol awareness and abuse prevention. The organization was given the title "BACCHUS", an acronym for Boosting Alcohol Consciousness Concerning the Health of University Students. This organization has developed into an organization that now acts as a resource to health peer education

---

<sup>1</sup> The researcher served as a health peer educator for 1.5 years at Bowling Green State University and 3 years as a graduate assistant for the health peer education program at Clark Atlanta University. At both institutions, the researcher received training on various health topics, and offered programming and presentations on both campuses. The researcher's expertise is in sexual health and women's health.

organizations on college campuses nationwide. The website states the objective of peer education is to give: “students the confidence to believe in themselves and the power of influence they have on others. For some, peer education is a life-changing moment for themselves or someone they help.”<sup>2</sup>

There are health peer education organizations on various campuses in the United States. The nature of the topics is determined based on the culture of the institution. However, this research focuses on the organization on Clark Atlanta University’s campus.

Clark Atlanta University’s health peer education program is similar to other programs that exist at schools such as Bowling Green State University (BGSU). Both institutions, CAU and BGSU share similar missions and strategies with few differences. The mission of the Bowling Green State University’s health peer education program, Student Wellness Network, is to provide “a prevention, education, and advocacy group that strives to promote holistic wellness through interactive presentations, community events, service, and role modeling.”<sup>3</sup> BGSU’s Student Wellness Network is an organization that meets regularly to plan and prepare for events and presentations on campus. The topics focused on include nutrition, alcohol, sexual health, sexual assault, body image, stress, and fitness. In order to become a health peer educator at BGSU, one must complete a semester course that focuses on health promotion and health topics. The

---

<sup>2</sup> “The BACCHUS Network™ Organization History,” The BACCHUS Network, last modified 2011, accessed November 9, 2013, <http://www.bacchusnetwork.org/history.html>.

<sup>3</sup> “Wellness Connection - Student Wellness Network,” Bowling Green State University Department of Recreation and Wellness, last modified unknown, accessed February 16, 2013, <http://www2.bgsu.edu/offices/sa/recwell/wellness/page60649.html>.

Student Wellness Network is affiliated with The BACCHUS Network, which is a national organization for college health and wellness initiatives. At Bowling Green State University health peer educators are trained to present on various topics in a professional and objective manner. Health peer educators are discouraged to share personal stories or offer advice that should be reserved for medical professionals. It is necessary to remain professional in order to avoid misinformation or inappropriate behavior but it might impact the efficacy of the messages that are transmitted information being relayed to the students.

Different from the demographics of BGSU, CAU is a predominately African-American institution. BGSU is a predominantly white institution (PWI). Health Promoters Educating and Encouraging Responsible Students (H-PEERS) program is the peer-to-peer education unit of Student Health Services at CAU. CAU health peer educators are a trained group of students who raise awareness, provide education, and are a resource to other students on a variety of health issues. H-PEERS outreach program is designed to meet the health education needs of the CAU student community.

The requirements for students to become a health peer educator at CAU consists of the following: maintain a GPA of 2.5 (cumulative) or better, serve a maximum of 4 hours a week, complete the H-PEER application, submit a written essay detailing interest in the program, submit a letter of recommendation from a faculty and staff member, and interview with the H-PEERS advisor. It is preferred that “students have a genuine desire

to make a difference in the lives of others and possess good written and verbal skills.”<sup>4</sup>

Unlike BGSU, CAU encourages peers to share personal experiences between the presenter and students because the peer educators at CAU feel it ultimately leads to open dialogue and further inquiry by student participants. This strategy of open dialogue compared to an impersonal strategy appears more effective on black women’s sexual health based on the discussions observed by the researcher. Therefore, looking at their response to the strategies that are used can be a major factor in its effectiveness of transmission.<sup>5</sup> Therefore, this research investigates how the strategy of impersonal connection between peer educator and student at CAU can facilitate the transmission of knowledge regarding sexual health.

### **Significance**

The significance of this research to the discipline is it offers opportunity for collaborative research among multiple disciplines in order to address an issue that disproportionately affects black women. It offers black college women students a voice in their sexual health education and a guideline to develop culturally competent SHPE programs. African-American women disproportionately account for 64% of HIV cases in the United States. In 2004, the number one cause of death for African-American women

---

<sup>4</sup> “Peer Education,” Clark Atlanta University, last modified unknown, accessed February 16, 2013, [http://www.cau.edu/Student\\_Health\\_peer\\_education.aspx](http://www.cau.edu/Student_Health_peer_education.aspx).

<sup>5</sup> While the researcher attends Clark Atlanta University (CAU), she acted as the graduate assistant of CAU’s Student Health Services health peer education program, H-PEERS. At CAU, the researcher continued to be a health peer educator. As a graduate assistant of H-PEERS, the researcher’s duties include training the health peer educators, event planning of events hosted on campus, and grant writing for funding for events and initiatives of the health center and health peer education program.



from ages 24 to 35 was HIV/AIDS related. One in thirty black women is expected to be diagnosed with HIV in her lifetime. The main cause of contraction of HIV was the result of unprotected sex with an infected male. Researchers have attempted to discover the contributing factors to this issue, and a possible solution

This research places black college women at the center by including their history, experiences, and perception of the SHPE and its efficacy on the overall sexual health at CAU. Potentially, this research can encourage black college women to become involved with their sexual health education at CAU. This is important because throughout history black women's bodies and sexualities were governed by others, from slave masters to the media. For example, like chattel, black women's bodies were the property of their slave owners which often raped them. This research can potentially encourage programs to incorporate the concept of empowerment in the discussion of sexual health for African-American women. The empowerment aspect sexual health includes encouraging black female students to become involved in the development of services that address their sexual health. For example, researchers state that black women have difficulty negotiating condom use with partners, especially in relationships where intimate partner violence exists. Some researchers suggest a cultural component that hinders black college women's condom negotiation. This issue affects more than the health of black college women, but also the black community and campus. When analyzing this issue through the lens of black women it becomes more feasible to conceptualize possible solutions. Consequently, the blame is placed solely on black without offering possible

solutions. This research offers suggestions for most effective sexual health education strategies to decrease the disproportionate rates or at least begin to understand the underlying problem of the sexual health of black women. Subsequently, the opportunity for black women's voice to be implemented in their sexual health education can possibly lead to better decision making. Also this is not just for the benefit for black women but also the black family and community. Sexual health issues such as sexually transmitted infections can affect fertility and possibly end in death. The absence of the black mother could be detrimental to the black community.

The importance of this efforts on college campuses, specifically an HBCU, to encourage students to be active and not settle for less, which is declared in CAU's Vision Statement:

Clark Atlanta University will further extend its national prominence and international presence for its distinctive capacity and commitment to provide a personally transformative learning environment, characterized by excellence in teaching, rigorous and innovative academic programs, dedication to the nurturing and development of its students, and the conduct of research addressing critical local, national, and global issues. Its students and faculty will gather from all parts of the world to discover and apply solutions to many of society's most pressing problems. Clark Atlanta University graduates will demonstrate finely honed intellectual capability, innovative ideas and practices, inclusiveness, a disposition to serve, and a distinct appreciation for diversity in people, place, and opportunity.<sup>6</sup>

Therefore, Sexual Health Peer Education on campus adheres to the following facets of CAU's vision: "transformative learning environment," "innovative academic programs," and "research addressing critical local, national, and global issues."

---

<sup>6</sup> "Clark Atlanta University Mission and Vision Statements," last modified June 22, 2013, accessed August 30, 2013, [www.cau.edu/About\\_Mission\\_Statement.aspx](http://www.cau.edu/About_Mission_Statement.aspx).

This research offers an interdisciplinary approach by allowing opportunity for collaborative research and curriculum offerings in multiple disciplines, such as African-American Studies, Africana Women's Studies, Public Health, Psychology, Sociology, and Biology. Sexual health disparities among African-American women are not only an Africana Women's Studies issue nor Public Health issue. In order to effectively address this issue it must be a collaborative effort from scholars from various fields of study. This research links disciplines in order to develop strategies to appropriately address the health issues that affect black college women.

Potentially, this research offers a guideline to SHPE programs on ways to effectively benefit a population that is affected by sexual health disparities. The findings of this research offer recommendations to transmit knowledge about sexual health to African-American women that can be shared by the researcher with appropriate college administration. Although there is research available that addresses the issue of black college women's high rates of STDIs, the researchers tend to focus more on the sexual behaviors of black women than the sexual health education that they are receiving at their institutions. This evaluation of the efficacy of the strategies used to transmit sexual health information to black women on college campuses offers a guideline to health programs that offer sexual health information to black college women by identifying what strategies are least and most effective. This research highlights the importance of sexual health programs at higher education institutions that are effectively focusing on a

target population most affected by sexual health issues, including black women college students.

### **Statement of the Problem**

African-American women have disproportionately high rates of sexually transmitted diseases and infections, such as human immunodeficiency virus (HIV), gonorrhea, and chlamydia. According to Centers for Disease Control and Prevention (CDC), black women account for most of new cases of sexually transmitted infections (STDIs), specially gonorrhea and Chlamydia. Acquired Immunodeficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) are the leading killers of African-American women ages 24-35. Research states that women usually contract HIV during adolescence (before 22 years old). Sexually transmitted infections can be transmitted in the following ways, skin to skin contact (of infected area), vaginal secretions (oral, anal, vaginal), semen (oral, anal, vaginal), blood (drugs, sexual contact), breast milk (infected mother transmits to her child through breast feeding). Basic safer sex education is necessary however it is discussed the messages are commonly negative. The research on African-American women's sexual health is limited to exposing the high rates and blaming the victim.

There is a gap in the research on sexual health education for black college women. The focus is more on sexual behaviors and less on solutions that consider the culture of African Americans and the history of African-American women's bodies and

sexualities. The literature review in Chapter 2 will offer examples of the available research on black women's sexual health.

Higher education is designed to equip adults with the tools necessary to succeed in preparation in society. This preparation process should include sexual health education given that African-American women have been identified by the CDC as having higher rates in sexual health disparities. In 2008 the CDC reported that women accounted for 26 percent of annual HIV/AIDS diagnosis and black women represented 65 percent of the total number of women currently living with HIV/AIDS. It is estimated that one in 30 black women is to be diagnosed with HIV in their lifetime.<sup>7</sup> Regardless of an individual's career goals, one's health is an important component to education. Along with health disparities, such as hypertension, sexual health disparities can be preventable. The most important aspect of sexual health prevention is sexual health education. SHPE programs have become popular on many campuses. The benefits of the programs include: students have access to sexual health resources (health information, contraceptives, and STDs testing) and students are involved in efforts to offer youth friendly health education to their peers. However, the university must be a stakeholder in the efforts of the health education programs in order for it to adequately be effective on campus. Based off Brenda Hayes and Leslie R. Boone's assessment of the level of service provided to women on HBCU campuses, they reveal that HBCUS offer basic health services such as first aid, limited immunizations, some pregnancy counseling and

---

<sup>7</sup> "New HIV Infections in the United States," Centers for Disease Control and Prevention, last modified December 2012, accessed August 30, 2013, <http://www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf>.

testing. Yet the healthcare for women on college campuses is left to the student through a referral process. Also, the researchers state that out of the fifteen National Centers of Excellence in Women's Health supported by the Department of Health and Human Services (DHHS) through the Office on Women's Health there are none at a HBCU. However, Morehouse School of Medicine has a Center for Excellence in Health Disparities and Sexual Health. The limited

### **Theoretical/Conceptual Framework**

There are a number of models and theories in place that are used by health educators which have different purposes and basis. Some examples of these theories and models include: rational model, health belief model, extended parallel process model, trans-theoretical model, theory of planned behavior, activated health education model, Social cognitive theory, Communication theory, and Diffusion of innovation theory. However, the one used in this research is the Sexual Health Model (SHM). This model assumes that sexually healthy persons will be more likely to make sexually healthy choices, such as consistent condom use and other safer sex practices. According to this group of researchers, Beatrice Robinson et al, a sexually healthy person is one who is sexually literate, comfortable with the topic of sexuality and their own and sexually competent (free from sexual dysfunctions). This framework will be used to evaluate the SHPE program at CAU and identify how they address the issues of dialogue about sex, culture and sexual identity, sexual anatomy functioning, sexual health care and safer sex, challenges, body image, positive sexuality, intimacy and relationships, spirituality, and

other. The researcher selected this model over the other models and theories because it links models and theories previously mentioned by offering an inclusive perspective of health education while solely focusing on sexual health.

The sexual health model identifies necessary components of sexual health education in order to accurately address most affected populations of sexual health disparities, such as African-American women. The incorporation of all aspects of sexual health, including culture, sexual identity, challenges, along with the traditional sexual anatomy and safer sex discussion can be the solution to creating better sexual health education curriculums. The Sexual Health Model identifies key characteristics that should be implemented in comprehensive sexuality education. The characteristics include: dialogue about sex, culture and sexual identity, sexual anatomy functioning, sexual health care and safer sex, challenges, body image, positive sexuality, intimacy and relationships, and spirituality. Each characteristic is equally significant in the discourse of sexual health education for black college women. The most relative characteristics are dialogue about sex, culture and sexual identity, sexual health care and safer sex, and spirituality. The following characteristics are necessary to consider when focusing on black college women because they reflect ideologies that have been utilized by scholars that focus on black women's sexualities, experiences, and history.

### **Methodology**

This research consisted of a mixed method, including a critical program evaluation and participant observation that involved SHPE and black college women

students attending CAU. This research examined CAU's SHPE program to discover the mechanics of the program, including their strategies used to transmit sexual health education to students, interpretations from advisors of the each group, what is required of a member of SHPE. The researcher selected to perform a program evaluation in order to explore the benefits of the program to the target population, which for the sake of this research includes black female students at CAU.

The survey focused on the background information of the students' sexual health education received prior to attending college and how they perceive the SHPE programs efficacy on sexual behaviors, attitudes toward sexuality, and sexual health status. The survey was made available to black college women that attend or have attended CAU. The participants of this survey consisted of 123 students identified as female, 50 male students, and 1 identified as other. This research focused on the female students. The survey used in this research included questions that focused on aspects of sexual health included in the sexual health model. The participants were asked of their attendance at an event sponsored by CAU's H-PEERS, such as campus-wide programs or class presentation and to report its efficacy on their overall sexual health (sexual health knowledge, attitudes and beliefs towards sexuality, sexual behaviors, and sexual health). Also, there were survey questions on their perception of content covered by SHPE.

Although this research mainly targeted undergraduate traditional black college women, it did not exclude data on graduate students and non-traditional students. Surveys were available online and paper form. The researcher recruited participants on



social media networks, such as Facebook and Twitter. The researcher collaborated with the faculty of CAU's African-American Studies, Africana Women's Studies, and History (AWH) to allow students to complete the surveys in their classrooms.

### **Research Questions**

The following are the research questions:

1. Given that a sexual health peer education is provided by programs at Clark Atlanta University, what impact does each program have on the sexual health of black college women?
2. What are the least and most effective strategies to disseminate sexual health information to black women college students?
3. In what ways do culture, race, and gender play a role in the efficacy of transmission of sexual health education and values?

The goal of this research is to evaluate the SHPE program at Clark Atlanta University and identify the responses of black college women at both institutions. Black women disproportionately account for higher numbers than all women of sexually transmitted infections, including HIV. This research will address the issue of the students' participation in advocacy of safer sexual practices to decrease incidences of STDIs. In order to provide an understanding of the programs, this research includes an outline of the SHPE program's mission, strategies, and programming. The researcher collected from black college women who attend both institutions program in order to offer feedback on their services. The significance of this research is that it will intersect the disciplines of Africana Women's Studies and Public Health to address a critical issue.

Too this research offers CAU and other institutions as a resource to continue the use of current strategies or adjust to accommodate the population that is most affected by this phenomenon.

The remainder of this work will include the following: review of literature in Chapter II, a historical review and context of the problem in Chapter III, research findings and discussion in Chapter IV, and conclusions, recommendations, and future applications in Chapter V.

## CHAPTER II

### LITERATURE REVIEW

There is limited research available that focuses on black college women's responses to Sexual Health Peer Education on a college campus: either at an HBCU or PWI. However, there is research available highlighting the experiences of black students during their matriculation at both HBCUs and PWIs. In *How Black Colleges Empower Black Students: Lessons for Higher Education*, Frank Hale maintains that black colleges empower black students.<sup>1</sup> For example, HBCUs graduate more black students than PWIs. He includes research that states that historically black colleges and universities have higher graduation rates than PWI's African Americans that are from low-income families. If HBCUs are successfully graduating African Americans that have experienced external factors that are commonly correlated with poor educational status then it should also be able to be efficiently address the health disparities that affect African Americans.

In *African Americans and Community Engagement in Higher Education: Community Service, Service, Service-learning, and Community-based Research*,<sup>2</sup> Stephanie Evans states that African-American women experience "dual or dichotomous

---

<sup>1</sup> Frank Hale, *How Black Colleges Empower Black Students: Lessons for Higher Education*. Sterling, Virginia: Stylus, 2006. Hawthorne, Walter. *From Africa to Brazil* (Cambridge University Press, 2010).

pressures on campus.”<sup>2</sup> William E. Sedlacek’s examines the period 1960s to 1980s to evaluate non-cognitive variables he deems critical in the lives of minority students to predict grades, retention, and graduation for up to 6 years after initial matriculation. These variables include positive self-concept or confidence, realistic self-appraisal, understands and deals with racism, demonstrated community service, preference of long-range goals to short-term or immediate needs, availability of a strong support person, successful leadership experience, knowledge acquired in a field, and nontraditional knowledge. He uses the Non-cognitive Questionnaire (NCQ) to measure the variables in this study. His recommendations for improving black student life on white campuses involve the consideration of the non-cognitive variables. These recommendations include providing resources and space to the black students that are relative to their culture and community. For example, he suggests that there be a development of counseling programs or workshops that address racial identity.<sup>3</sup>

Most research and studies available that discuss the sexual health of black women pertain to women’s sexual health knowledge, attitudes toward sexuality, sexual behaviors, and sexual health status. Some researchers, such as the creators of the Sexual Health Model, believe that education is the best treatment for AIDS prevention.<sup>4</sup>

---

<sup>2</sup> Stephanie Evans, Colette M. Taylor, Michelle R. Dunlap, and DeMond S. Miller. *African Americans and Community Engagement in Higher Education: Community Service, Service, Service-learning, and Community-based Research*. (New York: State University of New York Press, 2009).

<sup>3</sup> William E. Sedlacek, “Black Students on White Campuses: 20 Years of Research.” *Journal of College Student Development* 40, no.5 (September/October 1999): 538-550.

<sup>4</sup> Lizbeth A. Gray and Marie Saracino, “College Students Attitudes, Beliefs, and Behaviors about AIDS: Implications for Family Life Educators.” *Family Relations* 40, no. 3 (July 1991): 258-263.

Baldwin et al conclude that accurate knowledge alone does not lead to safer sex.<sup>5</sup> Lizbeth A. Gray and Marie Saracino performed a study to identify the correlation with self-reported behavior changes and accurate information and attitudes towards individuals with AIDS and knowledge of AIDS. The findings of this study are listed in the following session.

### **SHPE Programs and Sexual Health at Higher Education Institutions**

African-American women are twice more likely to die of cervical cancer and more likely to die from breast cancer more than women of any other racial ethnic group. Evans states that health disparities among African Americans result from decreased access to care, diminished quality care, and diminished resources availability for African-American patients which proves the need for preventive care and health education in the African-American community.<sup>6</sup> Therefore, it is important to raise awareness of health disparities of African-American women on campuses in order to decrease the risks of developing chronic illnesses, such as breast cancer and cervical cancer at disproportionate rates along with sexually transmitted infections and diseases. This research focuses on one method of prevention, health peer education.

Caron Kim and Caroline Free evaluated peer led sexual health education to adolescents. These researchers challenge the efficacy of Sexual Health Peer Education

---

<sup>5</sup> Janice I. Baldwin, Scott Whitley, and John Baldwin. "Changing AIDS and Fertility-Related Behavior: The Effectiveness of Sexual Education." *The Journal of Sex Research* 27, no. 2 (1990): 245-63.

<sup>6</sup> Evans, Stephanie, Colette M. Taylor, Michelle R. Dunlap, DeMond S. Miller, *African Americans and Community Engagement in Higher Education: Community Service, Service, Service-learning, and Community-based Research*. New York: State University of New York Press, 2009, 31.

Programs.<sup>7</sup> Kim and Free evaluated peer led interventions articles published between the years 1998 and 2005. In order to be eligible to be included in this study, the research must include an intervention in any setting (health center, youth group, local extracurricular center, school) and various socioeconomic statuses (low, middle, and upper class). The research must have had an intervention and control group, included adolescents aged 10-19 and published in English. There were four methodological criteria to evaluate the efficacy: (1) control and comparison groups that shared similar social and demographic characteristics (2) provided pre-intervention data for all groups, (3) provided post-intervention data for all groups, and (4) provide reporting outcomes. This evaluation included research offered at schools worldwide, such as United States, Canada, Belize, Zambia, Ghana, United Kingdom, Turkey, Cameroon, and Italy. Out of 33 studies, only three research projects met all ten of the criteria. Research states there is minimal evidence that identifies the significance of health peer educators and that there should be a further examination of the research designs regarding efficacy of programs. HIV is transmitted through the contact of the following fluids: blood, semen, vaginal secretions, and breast milk. There are preventative methods that can decrease one's risk to contracting and transmitting HIV, which can develop into AIDS. These preventive methods include knowing your HIV status (HIV testing), protecting oneself and others from infected fluids potentially infected with HIV (i.e. the use of barriers), and receiving treatment if one becomes HIV-positive. Preventative education is perceived as one of the

---

<sup>7</sup> Kim, Caron and Caroline Free, "Recent Evaluations of the Peer-Led Approach in Adolescent Sexual Health Education: A Systematic Review." *International Family Planning Perspectives* 34, no. 2, (June 2008): 89-96.

more specific techniques for prevention and mitigation of this epidemic. However, factors other than knowledge impact management of this epidemic. Other factors include attitudes and beliefs about AIDS.

Other researchers focus more on the sexual behaviors and attitudes toward sexuality when discussing the issue of high rates of HIV/AIDS and sexually transmitted infections among African Americans. Peter Thomas and other researchers focus on HIV risk behaviors and testing on HBCU campuses because southern blacks are at high risk for HIV infection. Thomas states that black college students report behaviors that promote HIV transmission, including sex with multiple partners, having unprotected sexual intercourse, and using drugs and alcohol during sex. The CDC developed the Advancing HIV Prevention (AHP) initiative to diagnose HIV infections outside of medical settings. Thomas performed an exploratory analysis comparing the demographic and behavioral characteristics of those tested before and those for the first time.

Thomas suggests that religiosity has an effect on the sexual risk-taking of African-American female students, however, the imbalanced ratio of female to male on HBCU campuses and cultural factors cancel out any effect of religion on their sexual practices. In Thomas's research, the results revealed that those who perceive themselves at high risk were more likely to get tested. However, similar to Gray and Saracino, this finding does not mean that all of those who were at high risk agreed to get tested because some may actually fear a positive diagnosis or feel immune. Thomas et al conclude that developing a further understanding of perceived and actual risk for HIV infection, patterns of healthcare use, and knowledge of and attitudes toward HIV testing are

important components of implementing effective HIV testing strategies for students at HBCUs.<sup>8</sup>

Moreover, Donna Hubbard McCree identifies psychosocial constructs and social factors that contribute to this issue. McCree maintains that self-esteem and depression are linked to risky sexual behaviors. She argues that “a supportive peer network can reduce the risk of STD acquisition or transmission,” but can too increase risks of disease, such as increase risks of disease because of presence of intimate partner violence (IPV).<sup>9</sup>

Additionally, Eric Buhi examines the sexual health disparities between black and white college students. This research reveals that white students reported more experience with risky behaviors, such as oral, anal and vaginal sex and less likely not to use condoms, and are less likely to be tested for HIV.<sup>10</sup> Black students reported more sexual partners (blacks 11.8% and whites 8.3% having 4 more sexual partners within the last school year), lower use of hormonal contraceptives (5.9% black students reported no use of contraceptives and 2.5% whites reported the same), and higher rates of adverse sexual health outcomes, such as STIs and unintended pregnancies. The recommendation of this research is to increase access to hormonal contraceptives and early STDI

---

<sup>8</sup> Peter E. Thomas, Andrew C. Voetsch, Binwei Song, Denyce Calloway, Carolyn Goose, Lynette Munday, Joanne Nobles, Kaye Sly, Michelle R. Smith, Brenda Williams, Mattie Shiloh, Kevin Patterson, Sybil Ward, Patrick S. Sullivan, James D. Heffelfinger, “HIV Risk Behaviors and Testing History in Historically Black College and University Settings” *Public Health Reports* 2008 123 (2008): 115-125.

<sup>9</sup> McCree, Donna Hubbard, Kenneth Terrell Jones, Ann O’Leary, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic* (New York: Springer, 2010): 6.

<sup>10</sup> Eric R. Buhi, Stephanie L. Marhefka, and Mary T. Hoban, “The State of the Union: Sexual Health Disparities in a National Sample of US College Students” *Journal of American College Health* 58, no. 4 (2010): 337-346.



screening/treatment among blacks, improve HIV testing among whites, and increase condom use promotion for all students. Paula Kamen states that medical research usually indicates how black girls and women are more promiscuous than men. However, Kamen's research reveal that black women's rates are not too far from white women and white women in the middle class in their 20's have more sexual partners than black women, which is viewed as a risky behavior.<sup>11</sup> Therefore, the sexual behaviors are only a percentage of the explanation of this issue of risky sexual behaviors. M. Katherine Hutchinson research highlights the influence of sexual risk communication between parents and daughters on sexual risk behaviors. Hutchinson concludes that although there is not enough research available on the efficacy of peer-led interventions, there was evidence of decreases in rates of STDI in some of the research projects. Nevertheless, Gray and Saracino argue that college students are at risk for HIV/AIDS because of changing patterns of sexual experimentation and use of recreational drugs.<sup>12</sup>

### **Efficacy of Strategies Used in Sexual Education**

In the discourse around efficacy of strategies used to disseminate sexual health information to black women college, researchers have identified strategies that have proven to be effective. Ralph J. DiClemente and Gina Wingood collaborated with Centers for Diseases Control and Prevention (CDC) to develop the initiatives, Sisters Informing Healing Living and Empowering (SiHLE) and Women Involved in Life

---

<sup>11</sup> Paula Kamen, *Her Way: Young Women Remake the Sexual Revolution*. New York and London: New York University Press, 2000.

<sup>12</sup> Lizbeth A. Gray and Marie Saracino, "College Students Attitudes, Beliefs, and Behaviors about AIDS: Implications for Family Life Educators." *Family Relations* 40, no. 3 (July 1991): 258-263.

Learning from Other Women (WiLLOW). DiClemente and Wingood suggest the cultural sensitivity component of the interventions contributed to HIV risk reduction among African-American women. In the study, DiClemente and Wingood focused on patient attitude about sexual conversations in health care settings. The sample included 81% African-American ages 11-21, most over the age of 15. The discussion of sexual behaviors and STDIs prevention correlated with patients' comfort talking to a doctor. As McCree mentions, Wingood and Di Clemente identify a correlation with HIV infected African Americans and (Intimate Partner Violence (IPV)).<sup>13</sup> Identifying and addressing issues of STDIs and specific contextual and structural factors can possibly be one of the more effective methods for preventing HIV/AIDS among African Americans.<sup>14</sup>

Dazon Dixon addresses the issue with a similar perspective, but different manner in article, "Efficacy of Single-Session HIV Prevention Intervention for Black Women: A Group Randomized Controlled Trial." This study focuses on the prominence of HIV infections in Georgia, and that 84% of the diagnoses of women from 1981 to 2006 were the black women. Dixon states that there is a lack of prevention intervention programs that are exclusively for African-American women. In the 1980's the information that was released about HIV/AIDS only pertained to gay white men. According to Dixon, in order to change the conditions of African-American women, there needs to be more innovative, personal and unique HIV prevention intervention designed by and for black women.

---

<sup>13</sup> Ralph J. DiClemente and Gina M. Wingood, Gina, "A Randomized Controlled Trial of an HIV Sexual Risk-reduction Intervention for Young African-American Women." *Journal of the American Medical Association* 274, no. 16 (1995): 1271-1276.

<sup>14</sup> Donna Hubbard McCree, Kenneth Terrell Jones, Ann O'Leary, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*. New York: Springer, 2010.

Dazon Dixon is the founder and CEO of the Atlanta based organization, SisterLove Inc. The program's purpose is to spread knowledge about transmission and prevention of STI's including HIV. This organization provides information about HIV/AIDS risks, prevention, sex, and AIDS-related death to women in the black community. The interventions they provide incorporate principles of social behavioral theories, deliver HIV prevention information and teach condom-use skills. They strive to be nonjudgmental, in order to create a safe, open space for African-American women in their pursuit of health education. The organization promotes safer sex, black women having a positive connection with their sexuality, self-loving and positive attitude rather than shameful or degrading ones, which they believe has a connection to African-American women's high rates of HIV, low self-worth and negative sexual beliefs. They host Healthy Love Parties for groups of women who have pre-existing relationships, such as sorors, church members, and friends in the metropolitan Atlanta area. They selected women that self-identified as black (including African American, African or Caribbean), 18 and over, English speakers, not pregnant or planning to become pregnant during the next 6 months. SisterLove recruit women utilizing flyers, radio, email, social network sites, and mailings.

The single-session intervention lasts 3-4 hours and consists of 4-15 women. The purpose of intervention is to increase consistent condom-use and other latex barriers in order to reduce unprotected sex with male partners and reduce the numbers of sex partners. The program promotes sexual abstinence, HIV testing, and testing results. The organization assesses the participants' attitudes and personal risk factors of HIV/AIDS

and other STI's. They measure the condom use during vaginal sex with male partners, unprotected vaginal and anal sex with male partners, sexual abstinence, number of sex partners and testing for HIV.

There was a greater condom use of those who had participated in the Healthy Love Workshops than those who were in the comparison group. Also, a greater level of HIV knowledge existed among those women who attended the Healthy Love Workshops. According to the results, the single-session HIV prevention intervention was effective. Women reported greater intentions of condom-use with primary male partners, improvements in attitudes related to condom use and HIV knowledge.

According to SisterLove's research, HIV preventive intervention activities specifically focusing on black women has proven to be beneficial participants. Young black women are becoming sexually active as young as middle school. According to the research, by the time women reach the end of adolescence (ages 18-22) and enter early adulthood (20's and 30's) they may have already contracted an STI including HIV/AIDS. Although this research does not exclusively include the discussion of comprehensive sexual education, other research indicates that it is a necessity in order to effectively address this issue. Comprehensive sexual education includes the age appropriate sexual education that is initiated in kindergarten and continued until 12<sup>th</sup> grade. When the topic is introduced at a younger and continuously revisited while adding advance information

the higher level of school as a young woman matures, research reveals that it has an impact on sexual behaviors and health.<sup>15</sup>

### **Roles of Culture, Race, and Gender on Sexual Health Education for African Americans**

Additionally, there are disproportionate rates of sexually transmitted infections among African Americans. African Americans are reported to have the highest rates of Chlamydia, gonorrhea, and HIV in the United States. Donna Hubbard McCree outlines social determinants that can contribute to these numbers such as: high rates due to contextual and structural factors, such as poverty rates, lack of access to adequate health care, higher incarceration rates, lower income and education attainment, and racism. She maintains that interventions should address health disparities that exist between African-American and Caucasian should integrate and address the “contextual and structural environment factors” in which African Americans exist.<sup>16</sup> CDC estimates that about 19 million new STI cases occur annually in the US among 15 to 24 years old.<sup>17</sup> In 2010, women between the ages of 20–24 years had the highest rate of chlamydia (3,407.9 cases per 100,000 females) compared with any other age or sex group. Chlamydia rates for women in this age group increased 6.9% during 2009–2010. In 2010, women ages 15 to

---

<sup>15</sup> Douglas B. Kirby, Ph.D., B.A. Laris, M.P.H., and Lori A. Roller, M.S.W., M.P.H., “Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People throughout the World” *Journal of Adolescent Health* 40: (2007) 206–217.

<sup>16</sup> Donna Hubbard McCree, Kenneth Terrell Jones, Ann O’Leary, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*. New York: Springer, 2010, 3.

<sup>17</sup> Hillard Weinstock, “Sexually Transmitted Diseases among American Youth: Incidence and Prevalence Estimates, 2000.” *Perspectives on Sexual and Reproductive Health* 36, no. 1 (January/February 2004): 6–10.

19 years had the highest rate of gonorrhea (570.9 cases per 100,000 females) compared with any other age or sex group. During 2009–2010, gonorrhea rates for women of this age group increased 0.9%. Black women ages 15–19 years had a gonorrhea rate of 2,032.4 cases per 100,000 women. This rate was 17.1 times the rate among white women in the same age group (119.0). Black women ages 20 to 24 had a gonorrhea rate of 1,997.6 cases per 100,000 women, which was 12.7 times the rate among white women in the same age group.<sup>18</sup> The contraction of STDs makes individuals vulnerable to HIV.

It is important to examine the ways culture, race, gender, and class play in the efficacy of transmission of sexual health education when discussing an issue's effects on a specific population. Mindy Thompson Fullilove identifies gaps in AIDS education and prevention. She argues for development of gender and culture-specific strategies that can assist black women at risk to incorporate the high rates of AIDS knowledge into safer sex behaviors.<sup>19</sup> Fullilove states possible explanations for the increase of AIDS rates which include crack cocaine and the changes in the economy. For example, Fullilove suggests the loss of jobs for black men contributed to the epidemic of HIV/AIDS among African Americans. This information is important when disseminating sexual health information to black female students rather than solely focusing on risky sexual behaviors. It is essential to consider ideologies that primarily focuses on black women when evaluating the issues affecting black women.

---

<sup>18</sup> "Sexually Transmitted Disease Surveillance," Centers for Disease Prevention and Control, last modified 2010, accessed September 27, 2013, <http://www.cdc.gov/std/stats10/default.html>.

<sup>19</sup> Mindy Thompson Fullilove, Robert E. Fullilove, III, Katherine Haynes, Shirley Gross, "Black Women and AIDS Prevention: A View towards Understanding the Gender Rules." *The Journal of Sex Research* 27, no. 1 (February 1990): 47-64.

Clenora Hudson-Weems outlines Africana Womanism in *Africana Womanism: Reclaiming Ourselves*.<sup>20</sup> This work is significant to this research because Hudson-Weems not only discusses black women in America but all women in the African Diaspora. Like Patricia Hill Collins, Hudson-Weems emphasizes the sanctity of the Africana family.

Michael Bennett and Vanessa D. Dickerson's *Recovering the Black Female Body* is an extension of the previously discussed works in which various scholars discuss the body politics of black women.<sup>21</sup> The significance of this work is the focus on the black women's bodies. Health education programs also focus on various aspects of the women's body. Two major facts identified in this source include the unity of body and spirituality and the normalization of the black women's body in efforts to reclaim or recover the body. Reminiscent of womanism and Africana womanism, the researchers indicate that the material (body) and the spiritual realm should not be separated. As an African tradition, Bennett and Dickerson address both concurrently, with concept being fundamental to incorporate into health education programs for black women. The normalization of the black female body consists of the process of applying moral values and appreciation of the female body rather than the hypervisibility and invisibility of black women.

---

<sup>20</sup> Clenora Hudson-Weems, *Africana Womanism: Reclaiming Ourselves*, 4<sup>th</sup> revised edition. New York: Bedford, 2004 (1<sup>st</sup> edition 1993).

<sup>21</sup> Michael Bennett and Vanessa D. Dickerson, *Recovering the Black Female Body: Self-Representations by African-American Women*. Piscataway, New Jersey: Rutgers University Press, 2001.

Moreover, Cynthia Poindexter identifies common themes of cultural competence:

(1) understanding the relationship between shame and stigma and a reluctance to seek help which affects active conversation; (2) providing safe space for HIV treatment; (3) promoting harm reduction behaviors, i.e. testing, safer sex practices, needle exchange programs, increase condom use by sex workers; (4) understanding information related to cultural belief and societal norms on individual and groups and the impact on individual decision making; (5) empowering individual women relationships with the community so they can make life-sustaining decisions; (6) incorporating alternative medical and traditional healing practices into Western medicine treatment models; (7) engaging consciousness raising and educating individual and communities utilizing diverse techniques and providing information and intervention in languages that are relevant and obtainable to target population; (8) training staff and volunteers to engage individual, family, and community; (9) advocating to reduce healthcare disparities thereby increasing access to prevention and treatment for all individuals.<sup>22</sup>

Additionally, race is important to include in the discussion of health education. Racism and segregation are contextual factors of STD HIV risk.<sup>23</sup> The relationship between HIV/AIDS and the dual effects of racism and poverty, and distrust of healthcare system is a response to harmful experimentation of African-American subjects, such as the Tuskegee Syphilis Study. Older generations have passed down this notion of

---

<sup>22</sup> Cynthia Poindexter, *Handbook of HIV and Social Work: Principles, Practices, Population*. Hoboken, New Jersey: John Wiley & Sons, Inc., 2010.

<sup>23</sup> Donna Hubbard, Kenneth Terrell Jones, Ann O'Leary, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*. New York: Springer, 2010, 8.



distrust for healthcare providers and scientific experiments that have in the past have misused and abused African Americans. Evans and all express that the health disparities represent a failure in the health care system to provide equal, high-quality health care to all individuals regardless of race or ethnicity.<sup>24</sup>

Patricia Hill Collins' *Black Sexual Politics: African Americans, Gender, and the New Racism* is significant to this research for a number of reasons. First, Collins maintains that "people become empowered when they think and speak for themselves."<sup>25</sup> When discussing health education for black women it is important to note who is disseminating the information. If black women are not the educators, is the information received effectively? She discusses the complexity of black women's experiences, which are affected by the intersection of gender, race, class, sexuality, color, and ethnicity. Thus, in order to address the health issues of black women it appears necessary to understand the complicated realities of the black women's experiences.

Collins poses the question of what it would take to develop a progressive black sexual politics, which overtly challenges the American sexual politics. It is important to separate one's perspectives of black women and black men from the dominant Eurocentric society's perception. In order to address the health issues of black women, a redefinition, or Afrocentric conceptual framework is necessary because the Eurocentric

---

<sup>24</sup> Stephanie Evans, Colette M. Taylor, Michelle R. Dunlap, and DeMond S. Miller. *African Americans and Community Engagement in Higher Education: Community Service, Service, Service-learning, and Community-based Research*. New York: State University of New York Press, 2009, 30.

<sup>25</sup> Patricia Hill Collins, *Black Sexual Politics: African Americans, Gender, and the New Racism*. New York & London: Routledge, 2005.

standpoint may not be applicable to black women. Collins unpacks the sexuality of black women, which could be essential to the curriculum of a health education for black women. Collins states that “in a context in which HIV/AIDS is killing black people, standing and refusing to speak out about gender and sexuality within African-American communities contributes to the problem.”<sup>26</sup> She recommends black sexual politics should consist of “honest body” body politics, honesty and personal accountability within sexual relationships, and increased importance of gender and sexuality within African-American politics.

Therefore, it is vital to isolate the issue of gender when discussing sexual health interventions at higher education institutions. Paula Kamen critiques the present strategies used to provide young women with sexual information. She argues that there is a lack of an empowering factor in the transmission of information that is given to young women because as it is presented, the focus is on women pleasing men. This concept condones passivity when it comes to sexual relationships, which can result in a neglect to enforce the use of condoms.<sup>27</sup> Meanwhile, the results of the study of Lizbeth A. Gray and Marie Saracino concluded that students continue the practice of “unrealistically believing that one is immune to the disease and a sublevel fear of the consequences of personal sexual activity”<sup>28</sup>

---

<sup>26</sup> Collins, *Black Sexual Politics: African Americans, Gender, and the New Racism*. 2005.

<sup>27</sup> Paula Kamen, *Her Way: Young Women Remake the Sexual Revolution*. New York and London: New York University Press, 2000.

<sup>28</sup> Lizbeth A Gray and Marie Saracino, “College Students Attitudes, Beliefs, and Behaviors about AIDS: Implications for Family Life Educators.” *Family Relations* 40, no. 3 (July 1991): 258-263.

In Anh B. Ngyun's "Beyond Traditional Gender Roles and Identity: Does Reconceptualisation Better Predict Condom-related Outcomes for African-American Women," she performed a study on gender roles and condom use of African-American women. The purpose of the research was to examine a variety of traits that are related to condom use outcomes for African-American women, how the women generate knowledge, and ways to develop effective programming. The participants in the research were African-American women who identified as unmarried, heterosexual, and from urban city in south eastern region of the United States. The research was advertised as a study of healthy relationships and healthy behavior. Participants were recruited from churches, community organizations, two predominately black universities and one predominately white university. The participants were ages 18 to 45; most of them were between ages 18-23.

Nguyen discusses the limitation of the studies of gender role and condom use as it relates to African-American women. Primarily, the study of gender roles has focused on white middle class women. Nguyen focuses on two research instruments, Personal Attribute Questionnaire (PAQ) and Bem Sex Role Inventory (BSRI). Both of these studies do not focus on African-American women so they are not directly a reflection of the perceptions that African-American women have about masculinity, femininity, and androgyny. According to some researchers, the "archetypal mainstream female gender role emphasizes sensitivity, passivity, dependence, submissiveness and unselfishness."

However, African-American women are seen as being more independent, nurturing, and having strength/will power, which results from historical experience, such as slavery.<sup>29</sup>

Nguyen maintains that there is a relationship between gender roles and condom related outcomes among African-American women. She posits that gender roles have an effect on adequate communication about sexual practices, specifically the use of condoms. However, African-American women are known for not possessing the “traditional gender roles” assigned to women, and having more of an androgynous gender identity. According to the belief that “traditional gender roles” hinder the communication of sexual practices for women, African-American women should be the opposite, since they are believed to not abide by “traditional gender roles.” However, the high rates of HIV and other STI’s among African-American women illustrate the contrary.

According to Nguyen, African-American women may feel the need to be less assertive in order to maintain a relationship with their male partner, so they may not voice their opinion about using a condom, or expressing their needs and desires to their partners. Though traditional conceptualizations of gender roles may be appropriate for white women, re-conceptualizations may be more appropriate for African-American women. Nguyen predicts that African-American women will have unique gender role profiles as indicated by the domains and patterns that emerge from a factor analysis using the studies, PAQ and BSRI, and new domains would offer a better conceptualization of

---

<sup>29</sup> Anh B. Nguyen, "Beyond traditional gender roles and identity; does reconceptualization better predict condom-related outcomes for African-American women?" *Culture, Health & Sexuality* 12, no. 6 (2010): 603-616.

the kinds of attributes that influence condom related outcomes for African-American women.

The researcher measured condom behaviors, condom negotiation efficacy (negotiation of condom use with partner, if participant can insist on using a condom even if partner does not want to), attitudes ("sex with condoms do not feel natural"), intentions and efficacy ('condom use consistency') and intent on using condoms in the future.<sup>30</sup> Also, participants were asked to label whether or not a statement or characteristic was feminine, masculine or androgynous. Eventually, they omitted the use of the BSRI because stronger factors were found without the use of its items. The results of this research confirm that traditional conceptualizations of gender roles may not be appropriate for African-American women. However, Nguyen lists the domains that were produced from factor analysis of items from the gender identity PAQ scale that fall outside of the traditional conceptualizations of female versus male gender role domains, and then used to predict condom use. These domains are caretaking/mindful of others, interpersonal sensitivity, and persistent/active coping.

The interpersonal sensitivity trait as a significant indicator of condom use indicates that the higher the scores, the lower the intention of condom use. Persistent/active coping as a significant indicator of condom negotiation reveals higher scores in active/persistent domain predicted higher condom negotiation self-efficacy and also those who scored higher in the persistence and active coping were more likely to be able to communicate

---

<sup>30</sup> Anh B. Nguyen, "Beyond traditional gender roles and identity; does reconceptualization better predict condom-related outcomes for African-American women." *Culture, Health & Sexuality* 12, no. 6 (2010): 603-616.

their needs and desires to their partners. The caretaking/mindful of others was not a significant predictor of any condom outcomes. This trait was similar to the perceived feminine gender role like communalism (“an orientation toward the inclusion of others found among most people of African descent”). Hudson-Weems mentions the importance of collaboration of both African men and African women. Nguyen concludes that the traditional, dichotomous view of feminism and masculinity is simplistic and counter views with African Americans who have a more holistic view. She expresses that there is a need for new and dynamic conceptualizations of gender roles for African-American women. Her research suggests that if the re-conceptualizations of gender roles and identity are applied to the prevention programs for African-American women, they would be more effective.

The acknowledgment by researchers of the exclusion of African Americans in the study of gender roles is important. The fact that African-American women have not been studied in that area may have something to do with their sexuality and sexual health, especially the use of condoms. The lack of acknowledgment of sexuality of young American women can potentially create consequences in adulthood. Thus, even if it is addressed in adulthood, they have been conditioned for so long with the negative attitude towards their sexuality that it is difficult to dismantle the negative perceptions of sexuality, which have a negative effect on sexual health. Nguyen concluded that the more African-American women were categorized as “interpersonally sensitive”

(dependent and emotional instability), the lower their intent on using condoms.<sup>31</sup> This incident may be a result of women being taught that they need men to be secure, and to be whole, so when they are in a relationship, they are most likely not going to force their partner to use a condom if he does not want to. As Kamen argues, if young women are taught at a younger age to be confident, and teach them positive things about their sexuality, then their sex health would be sufficient.

Layli Phillips, editor of *The Womanist Reader*, offers a compilation of sources that describe the attributes of womanism. Similar to Hudson-Weems' ideology of Africana Womanism, Phillips highlights the main characteristics of womanism. The characteristics include: anti-oppression, vernacular, non-ideological, Communitarianism, and spirituality. These characteristics coincide with Hudson-Weems and Collins theoretical standpoints. Both, Phillips and Hudson-Weems' highlight components of womanism that are holistic, focusing on the mind, body and spirit.

Consequently, in some relationships black women rely on black men for financial support which makes it difficult to insist that their black male sexual partners to remain monogamous use condoms test for HIV and other STDI thereby allowing their basic needs to take priority over their health.<sup>32</sup> Point Dexter maintains that women's lack of power to negotiate both male and female condom use, and the presence of (intimate

---

<sup>31</sup> Anh B Nguyen, "Beyond traditional gender roles and identity; does reconceptualization better predict condom-related outcomes for African-American women." *Culture, Health & Sexuality* 12, no. 6 (2010): 603-616.

<sup>32</sup> Donna Hubbard McCree, Kenneth Terrell Jones, Ann O'Leary, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*. New York: Springer, 2010.

partner violence) IPV can potentially be one of the reasons. In order to give women control of contraction and transmission of sexually transmitted HIV, scientists introduced *microbicides*, Antiretroviral (ART), and *inrarings*. These methods are nonvisible to the sexual partner and can prevent HIV transmission. However, the act of negotiation still exists and the cost hinders women with low income.<sup>33</sup> McCree argues that the following factors can contribute to this phenomenon: the issue of lack of access to adequate health care, unemployment, uninsured, and limited sexual networks in segregated neighborhoods. Thus poor and depressed women are prone to participate in risky behaviors, such as substance abuse and sex exchange (“poverty related mechanisms”).<sup>34</sup>

The severity of this issue of sexual health of black women is not limited to America. Black women in the Caribbean and Africa share similar experiences. In Jamaica, women in rural Jamaica are suffering from advanced levels of cervical cancer. Researchers have identified similar factors that affect black women in America. For example, there is a difference in the transmission of sexual health information to Jamaican girls than Jamaican boys. Tazhmoye V. Crawford, along with Alexay Crawford, Donovan and A. McGrowder, performed a research study examining factors affecting sexual reproductive health in minors (ages 10-19). They chose to specifically investigate availability of contraceptives, treatment, and advice, sexually transmitted infections (STI's), sexual partners. The contraceptives they include male condoms (63.9%), emergency contraceptive pills (13.4%), and other methods such as spermicidal,

---

<sup>33</sup> McCree, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*, 36.

<sup>34</sup> Donna Hubbard McCree, Kenneth Terrell Jones, Ann O'Leary, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*. New York: Springer, 2010.



dental dams, intrauterine device and diaphragm (16% female). It is interesting that the most common use of contraception is controlled by the men, while the other ones controlled by women are among the minority of usage. Allowing men to control whether or not contraception are used or not is giving men control over one's body and health. This creates a risk for women having unwanted pregnancies and contraction of STI's. There was a decrease in the use of contraceptive use of Jamaican girls from 58.8% to 52.6%, while Jamaican boys increase to 68% from 31%. There is a gender role discrimination involving the sexual health education that is given to Jamaican girls and boys. When a young girl expresses the desire to obtain contraception, she is deemed as promiscuous. On the contrary, young men are encouraged to engage in sexual activities to prove their manhood and to prove their heterosexuality. Men have the higher rates of HIV in Jamaica. It can be inferred that this is a result of homosexual sexual encounters between Jamaican men. Also, it can be concluded that this discrimination of sexual education and resources to Jamaican women may be putting their lives at risk. If this is so, this is putting young Jamaican girls at more risk of STI's, especially HIV. Along with the availability of contraceptives, it is important to put into context the potential environmental and behavioral impact on the increase risk of cervical cancer. Crawford, in addition to the researchers mentioned previously, all focus on the incidents of sexual health disparities of black women in different geographical locations which demonstrates a need for more research on Africana women and sexual health education. However, this researcher's study will focus on black women college students in the United States, which few students identified as African and Caribbean.

The research available on the sexual health of black women college students is a burgeoning topic. Many researchers have concluded that cultural sensitivity or competence is a necessary component of an effective intervention for black women when addressing sexual health. Unfortunately, some researchers do not adequately acknowledge the significance of cultural competence in interventions created for black women. The researchers focus solely on the risky sexual behaviors of black women instead of strategies for prevention. Some researchers overlook the social determinants that could affect the high rates of sexually transmitted infections among black women such as lack of health insurance, lack of access to adequate healthcare, and culturally influenced gender roles. According to some researchers, black college students are not necessarily participating in more risky sexual behaviors than white students. Also the research shows that they are likely to receive screenings for STDI. However, the research focuses solely on statistics and exclude or minimize the significance of social factors.

## CHAPTER III

### HISTORICAL REVIEW/CONTEXT OF THE PROBLEM

Black women's sexuality remains a complex issue because of the historical representation of the black female body from pre-colonial time in Africa to today in America and throughout the Diaspora. It is important to examine black women's experiences that have had an influence on their perceptions of sexuality. Scholars have produced countless research on the experiences of women in the Africana Diaspora. Although slavery had a significant effect on the lives of African women prior to their movement across the Diaspora, it is important to include their experiences before slavery in Africa in the discourse of black women's sexuality and body politics. This chapter is divided into two portions: historical review and context of the problem. The historical review highlights the experiences of black women's bodies: the black female body in Pre-Colonial Africa, experiences of black female body during middle slave passage and slavery, contemporary representations of the black female body, the black female body in Pre-Colonial Africa. The context of the problem consists of an unpacking of the problem of high rates of STDIs among black women and gaps in research on sexual health education for black college women.

## Historical Review

Prior to the intrusion of the Europeans and allies captured and enslavement of Africans, the African female body was sacred. Although beliefs existed among Africans that restricted women from exploration or ownership of her body, it was still presumed as sacred. Premarital sex and pregnancies without marriage were most often forbidden with few exceptions in some African societies. Although the African female body was sacred, there were specific parts of the body that Westerners deemed as sexual such as women's breasts that were not recognized as solely sexual objects. Traditions and rituals were practiced in African societies that celebrated womanhood. The elder women discussed topics relating to sex with their daughters, granddaughters, and other young women in their families and villages. The transmission of sexual health messages was a communal effort, and not solely left up to the parents or in formal educational setting. Unfortunately, these customs practiced by Africans were interrupted as colonialists began to immerse themselves into their communities. Once Westerners invaded African villages annihilating the bodies of African women, men, and children as they prepared for enslavement, the sanctity of the black female body began to deteriorate.

### Experiences of Black Female Body during Middle Slave Passage and Slavery

As captured Africans entered the through the "door of no return" in Goree Island in an island outside of Senegal, their experiences to come were unprecedented. Africans were transported across the Atlantic Ocean on ships to be sold in South America, the

Caribbean, and North America. The experiences of Africans on the slave ships were horrendous and foreshadowed what was to come in the enslaved futures on plantations. According to research, there was a normalization of sexual access to enslaved women and children to the crew members. They believed they had this right. Unlike older men, women and grown boys and children were allowed to roam the deck of the slave ships. This occurrence may appear to be a rewarding experience when the majority was left chained below, but it was only to benefit the captain and crew members. The women and children were “fair prey for the sailors.” Daniel P. Mannix interprets a painting and poem that depicts the experience of a slave woman on deck of a slave ship. The painting, “The Voyage of the Sable Venus from Angola to the West Indies” was produced by Thomas Stothord. Sable Venus was allowed to roam the deck of the ship and was “prey of the ship’s officers, in danger of being flogged to death if she resisted them.”<sup>1</sup> She was rewarded for her subordinate behavior with handful of beads or sailors’ kerchief, to tie around the waist, as if these meager offerings rectified the situation.

Some scholars have maintained that some enslaved women took advantage of their sexual objectivity on slave ships as well as on the plantations. Since women were esteemed less threatening, they had less restriction than men during the passage, and greater access to the food on board. This concept continued on the plantations as well. In Brazil, women gained sustenance, shelter, luxuries and “protection” for themselves

---

<sup>1</sup> Daniel Mannix and Malcolm Cowley, *Black Cargoes*. New York: The Viking Press, 1962.

and their children.<sup>2</sup> They would take advantage of their abuse for survival. The process of selection of the enslaved Africans took place on the auction block. It was on the auction block that women were selected based on their physical appearance. Patricia Hill Collins labels women on the auction block as the earlier pornography for slave owners.<sup>3</sup> She argues the objectification of black women on the auction block and in slavery is reflected in pornography as black women being sexually available to men. An example of the normalized objectification of the black female body is illustrated in the experiences of Sarah Baartman, "Hottentot Venus." Sarah Baartman was placed on display for Europeans because of her body parts that were viewed as an anomaly, her buttocks and genitalia. Seeing as black bodies were viewed as a commodity the treatment of them was not limited to public degradation.

Once enslaved African women were parceled throughout various areas, including the United States and countries in the Caribbean, the ill treatment they experienced became the norm for the treatment of women on plantations. There are countless accounts of the experiences of women from primary sources, such as Harriet Jacobs's *The Incidents in the Life of a Slave Girl* and secondary sources such as Darlene Clark Hines's *More Than Chattel: Black Women and Slavery in the Americas*. Jacobs highlights her experience as an enslaved woman with children. She endured the common

---

<sup>2</sup> Walter Hawthorne, *From Africa to Brazil: Culture, Identity, and an Atlantic Slave Trade, 1600-1830* (African Studies). New York: Cambridge University Press, 2010.

<sup>3</sup> Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York and London: Routledge, 2000, 146.

sexual abuse that existed between master and the enslaved. Her personal account is revered because she has provided academia with a black women's story that expresses resistance and survival. In Hines's text, there are secondary accounts of the experiences of women throughout the Americas (including the Caribbean). Slavery was not limited to Africa and the United States. The experiences that are revealed in *More Than Chattel* compares and contrasts the different experiences of women based on geographic location and those shared throughout the locations affected by the slave trade. An example of experiences specific to enslaved women is motherhood. Some women would either abort their babies or murder them once born in order to prevent them from having to live a life of slavery. Mothers were especially weary of giving birth to a female child because they knew what their fate would be as a property of the master. The sanctity of the black women's body was destroyed during the slave trade, on plantations, on the auction block, and in the master's house. The sexual exploitation of the black women's body had become normalized.

### Contemporary Representations of the Black Female Body

There is an issue of the hypervisibility of the black female body, along with the invisibility of the black female body. The contradiction of these ideas creates the distorted perception of the black female body from both black woman and others. It is challenging for black women to have a positive perception about their body and sexuality when there is a hypersexualization of their body while other aspects of their lives are

invisible. Black women internalize the objectification of their bodies, which makes them either ignore their body (somatophobia) or ignore the other aspects of their lives. They are discouraged to be confident in both their bodies and other aspects of their lives. This concept becomes reminiscent of womanists' opposition to the either/or ideology compared to the both/and ideology. In order to cope with the treatment during slavery, specifically the common rape from slave owners and other white men, Gail Elizabeth Wyatt lists that enslaved women were expected to appear submissive, avoid acknowledgment of the abuse, and remain dignity.<sup>4</sup> These survival methods persisted post-slavery and into contemporary times. Generally, black women are stereotyped to be sexually promiscuous so in order to survive in today's society a black woman must decide to be conservative or confirm the stereotypes placed upon her.

The disconnection between black women has been detrimental to their progress. Black women can be one of black women's biggest critics. For example, when a black woman wears clothing that is revealing, she is immediately labeled sexually available by other black women. The media has instilled these beliefs into society and black women have internalized them. This occurrence is common on college campuses. Those black women who categorize black women based on their choice of clothing or behaviors are prejudging these women without knowing their stories. There has been an ongoing fight for black women's shared and unique experiences to be publicized, both in positive and

---

<sup>4</sup> Gayle Elizabeth Wyatt, *Stolen Women: Reclaiming Our Sexuality, Taking Back Our Lives*. New York: John Wiley & Sons, Inc., 1997.



negative ways. Samia Collins's *When I Grow Up I Want to be a Prostitute* includes examples of young women who have experienced various types of sexual assault as a child which results in risky sexual behaviors as they become young adults.<sup>5</sup> Samia Collins supports her stories with data that reveals that African-American women have reported more accounts of incest than any other race. The data also reveals that those who have suffered sexual assault as a child develop unhealthy behaviors, such as drug and alcohol abuse, prostitution, and depression. Throughout history the black women's bodies have been abused which engendered a need for black women to defend their representation so they critique the representations that are offered.

The stereotype of black women's sexuality as being oversexed affected their authority of their motherhood beyond slavery. In *Killing the Black Body*, Dorothy Roberts outlines the government's control over poor black women's reproduction.<sup>6</sup> After slavery ended, it was still important for the government to have power over the reproduction of blacks. As hormonal birth control became popular in the 1920s, advocates and eugenicists collaborated to coerce black women in and outside of the United States to be implanted with a contraceptive, Norplant. This birth control was to be implanted into women for five years in order to avoid black women to have children. After decades of implementation of this product, thousands of cases had proven its

---

<sup>5</sup> Samia Collins, *When I Grow Up, I Want to be a Prostitute: Stories of Broken promises and Shattered dreams*. Self-Published, 2012.

<sup>6</sup> Dorothy Roberts, *Killing the Black Body: Race Reproduction, and the Meaning of Liberty*. New York: Vintage Books, 1999, 4.

danger to individuals who were using it. Roberts argues that in the early 1990s the contraceptive vaccine, Depo-Provera was introduced as a domestic population control. Black women in poor neighborhoods whose babies tested positive for crack cocaine were targeted to be coerced to be injected with this contraceptive drug. The presence of this illicit drug in newborns' bodies is horrible but Roberts states that there are other maternal activities that are also harmful to babies that were not being penalties. For example, drinking alcohol, coffee, using prescription and non-prescription drugs, smoking cigarettes, poor diet, and playing certain sports. Hence, the black community's mistrust for the government and medicine because countless accounts of abuse to the black community. For instance, the injustice towards Henrietta Lacks and the men in the Tuskegee Syphilis experiment.

This information of the history of the black women's body and sexuality is vital to include in the examination of strategies used to transmit sexual health information to black women on college campuses. Currently, the issue of HIV/AIDS and other STDI and other related illnesses, such as cervical cancer, is represented in research as a burgeoning phenomenon. In order to efficiently address the current issues of black women's sexuality, it is imperative to consider the historical aspect of their sexualities. Many researchers focus solely on the present state of black women without taking into account what experiences could have possibly contributed to the phenomenon.

### Context of the Problem

Black women have disproportionate rates of many health issues. According to *Black Women's Health Imperative's Health First! The Black Woman's Wellness Guide*, the top ten health risks for black women are cancer (breast, cervical cancer, colorectal, lung, ovarian, uterine), depression, diabetes, heart disease, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), kidney disease, obesity, sexually transmitted diseases (STD), stroke, and violence.<sup>7</sup> However, this research will focus on the health issues that are related to the sexual health of black women, which includes cervical cancer, Human Papillomaviruses (HPV), HIV/AIDS, and other STD.

Although black women do not have as high rates of cervical cancer as Hispanic women, they have a lower 5-year survival rate and are more likely to die sooner than any other group of women after diagnosis. Black women have a higher mortality rate from this disease because the time when they are diagnosed they are at an advanced state of the cancer. Cervical cancer is the cancer of the cervix. The cervix is the opening of the women's vagina. Cervical cancer is caused by abnormal cells growing and spreading on the cervix. It is commonly caused by a high risk strain of the STD, Human Papillomaviruses (HPV). HPV can be transmitted from skin-to-skin contact. It is one of the most common STD. One out of two young adults who are sexually active will contract HPV. Most of the women who have HPV will not develop cervical cancer.

---

<sup>7</sup> Eleanor Hinton Hoytt and Hilary Beard, *Health First! The Black Woman's Wellness Guide: A Black Women's Health Imperative Project*. New York: SmileyBooks, 2012.

Cervical cancer is one of the few cancers that are recognized as a condition that is preventable. Women can decrease their risk of cervical cancer by receiving regular Pap smears. The Centers for Disease Control and Prevention (CDC) once recommended that women should begin receiving pap smears three years after becoming sexually active or at 21 years old. Within the couple of years, the recommendation is to begin pap smears after the age of 21 and only every three years after a normal Pap smear result. As mentioned before, black women are most likely to die from cervical cancer than other women. At first, one would identify black women's sexual behaviors as the cause of cervical cancer since it is usually caused by high risk strands of HPV. Black women often neglect or are unable to receive screenings and treatment of pre-existing conditions, HPV or abnormal cells, which can lead to cervical cancer. Who is responsible for this health disparity affecting black women? How should this issue be addressed? Another cause of black women's untimely death is HIV/AIDS.

In 2010, HIV/AIDS was the third leading cause of death of black women ages 35-55. Similar to cervical cancer and HPV, HIV is preventable. HIV is contracted through four fluids: blood, semen, vaginal secretions, and breast milk. Correct and consistent utilization of condoms (male and female) and regular HIV testing can decrease the risk of one contracting and transmitting HIV. Today HIV is not a death sentence it was seen as it first appeared in the 1980s. There is treatment now available to those who are HIV positive and the life expectancy of HIV positive individuals who are able to receive

treatment. The cost and hassle of treatment is unreasonably high. During a program, “Love without the Drama,” hosted by Clark Atlanta University’s Student Health Services, Marvelyn Brown, author of *Young, Beautiful, and (HIV) Positive*, describes the difficulties of maintaining her health.<sup>8</sup> One would not desire that lifestyle regardless of the progression of treatment. Black women account for the highest rates of HIV of all groups of women in the United States. Black men and women account for over 50% of the HIV cases in the United States although they only account for 12% of the population. HIV/AIDS has existed in the United States for nearly thirty years. Is there a lack of knowledge or awareness of HIV/AIDS among black women? Are black women responsible for their high rates or is it the responsibility of the black community, healthcare providers or policy makers? What is it about the black community that allows HIV/AIDS to continue to decimate the lives of black women and men? HIV is a viral STD, which means that it is incurable, and can be impacted only with treatment. Fortunately, some STDI are bacterial and can be treated and cured when detected early.

There are STDI that are viral, for which treatment is available but no cure, and those STDI that are bacterial are curable. Black women have the highest rates of Chlamydia, gonorrhea, and syphilis. Fortunately, each are bacterial and able to be cured if detected early but if when left untreated each can develop into more serious conditions such as infertility or death. In order to detect STDI early, if one is sexually active they

---

<sup>8</sup> Marvelyn Brown and Courtney Martin, *The Naked Truth: Young, Beautiful, and (HIV) Positive*. New York: HarperCollins Publishers, 2008.

must receive regular STDI testing. There are three issues related to individuals receiving testing for STDI: accessibility, awareness, and stigma. In Atlanta, there are a variety of places that now offer free STDI testing: Sister Love, Clark Atlanta University Student Health Services, and Center for Black Women's Wellness, AID Atlanta, and Planned Parenthood. Many of these institutions provide information on STDI and testing. However, not all women in Atlanta are receiving testing. The reasons could be that they are not aware of the resources or may not feel that it's important to go get testing. Another could be the negative stigma of testing which automatically assumes that one must be practicing sexual behaviors that increases risk of contracting or transmitting of STDI so if one does not believe that they are at risk they may not go get tested. Or one may not get tested because they fear being judged. It would be interesting to know how black women perceive the transmission of sexual health information.

The issue of cervical cancer/HPV, HIV/AIDS, and other STDI among black women is an issue because each of the following conditions is potentially preventable or at least potentially manageable. There is a need for an investigation of what is effective and what is not effective when transmitting sexual health education to black women on college campuses. It is chance that the cultural differences of the black community may require a unique strategy of transmission of sexual education, in addition to its accessibility. The proper assessment must be done. There are general data available on health and evaluations.

Many of the research on black women's sexual health focuses on the sexual behaviors and sexual outcomes of black women but few focus on inclusion of body politics. Social determinants, such as socioeconomic status, access to healthcare and health education, gender roles, and cultural factors, affect black women's sexual health. The complexities of the history of the black female body, black women's experiences, and perceptions are seldom mentioned in studies and researches. Scholars in public health, student development, and health related fields prominently focus on the exterior aspect of the problem. However, scholars in Women's Studies, Black Studies, Gender and Sexuality Studies possess a language that the former scholars may have limited knowledge. In *Black Feminist Thought*, Patricia Hill Collins argues the existence of the matrix of domination in the United States which is produced by the intersections of the following forms of oppressions: race, gender, class, sexuality, and nation.

In the introduction of *The Womanist Reader*, Layli Phillips maintains that a "womanist" must address all oppressions that may not be exclusive to black women in order to ameliorate the conditions of black women, along with humanity. The term, womanism, was coined by Alice Walker in her short story "Coming Apart."<sup>9</sup> While addressing the oppression component of this issue, it is also important to analyze the impact of every day experiences of black women. Although it is important to be aware of all oppressions that occur, it is more important to focus on the most personal forms of

---

<sup>9</sup> Alice Walker, "Coming Apart." In *You Can't Keep a Good Woman Down*. Orlando: Harcourt Books, 2004.

oppression. In the case of oppressions most personal to black women is racism and sexism. Audre Lorde stresses to reclaim our “erotic” in order to fight against sexism.

Acknowledging the everyday life of black women is substantial to the analysis of the issue of hypervisibility and invisibility of the black female body. Layli Phillips states that “personhood” is more significant than being “perfect,” and how “one step forward is the standard of progress.”<sup>10</sup> According to Audre Lorde, once black women begin to understand the extent of our “satisfaction and completion, we can then observe which of our various life endeavors bring us closer to that fullness.” Later she highlights that black women are taught to separate the “erotic” from vital areas of the life, other than sex. It is easier to discuss the erotic as it relating to solely to sex, and it becomes complex to discuss the erotic outside of sexual context. If black women embrace the erotic in all aspects of our life will increase their self-awareness. Also, Audre Lorde expresses that the erotic cannot be experienced secondhand. The significance of the everyday life experiences of black women is diverse. Though black women may share common experiences, but other factors in their life create a variety of experiences. For example, Audre Lorde reveals that she is a black lesbian feminist, so her experiences are unique. If black women focused more on their similarities than differences then maybe they would be less critical of each other.

---

<sup>10</sup> Layli Phillips, “Introduction.” *The Womanist Reader* New York: Routledge, 2006.



The issue of hypersexualization of the female body and the invisibility of other aspects of black women's lives is due to the act of trying to conform to the Eurocentric and patriarchal ideas of what is acceptable. Audre Lorde argues that "the erotic has often been misnamed by men and used against women. It has been made into the confused, the trivial, psychotic, and the plasticized sensation."<sup>11</sup> The internalization of sexism and racism has created a lack of self-confidence in black women. They are obliged to choose either to identify as an object while ignoring their other attributes, or they can focus on their other attributes while excluding their body and sexuality. Those who choose the former are ridiculed. However, those women who choose to focus solely on their attributes, excluding their sexuality are considered rigid. Both classifications are flawed. A woman should be able to embrace her sexuality and acknowledge her other attributes without being frowned upon. Layli Phillips proposes that "ideological perspectives and, to a lesser extent, movements rely on processes that compel or seduce people to conform and do not deal effectively with difference and paradox."<sup>12</sup> Non-ideological perspectives would be beneficial to modify the limitations of the traditional ideologies. If black women were able to conceptualize a duality of sexuality and other aspects of black women, there would be less of a need to categorize each other.

---

<sup>11</sup> Audre Lorde, "Uses of the Erotic: The Erotic as Power." In *Sister Outsider*. New York: The Crossing Press, 1984.

<sup>12</sup> Layli Phillips, "Introduction." In *The Womanist Reader* New York: Routledge, 2006.

As ideologies are reconstructed, it is important to include a communal aspect to the solution of high rates of sexually health related issues among black women as it pertains to the hypersexualization and invisibility. Audre Lorde reveals that “sharing deeply and pursuit with another person” is a function of the erotic for her.<sup>13</sup> Adding to that, she suggests that the sharing (physical, emotional, psychic, or intellectual) with others develops an understanding of the each other’s differences. If non-black women (white women, black men, and white women) accepted each other’s differences, then there would be a more symbiotic environment. Layli Phillips describes one of the attributes of womanism, which “seeks to reconcile three relationships: the relationship between people from different groups, the relationship between people and the environment/nature, and the relationship between people and the spiritual/transcendental realms.” The inclusion of the spiritual realm and nature along with humanity is similar to the traditional African beliefs. The combination of sharing, which Audre Lorde discusses, and the Afrocentric concept of holistic connection would be beneficial. The communitarian aspect of fixing the issue of the distorted perception of black women interconnects with the spiritual aspect.

In traditional African religion, even some modern, the spiritual world is not separated from human life. Both Layli Phillips and Audre Lorde identify the separation of spirituality and human life as detrimental, but the benefit of the holistic approach is to

---

<sup>13</sup> Audre, Lorde, “Uses of the Erotic: The Erotic as Power.” In *Sister Outsider*. New York: The Crossing Press, 1984.

view both concurrently. Audre Lorde states that “we have attempted to separate the spiritual and the erotic, thereby reducing the spiritual to a world of flattened affect, a world of ascetic who aspires to feel nothing.”<sup>14</sup> Layli Phillips states that:

perspectives that are more academic or ideological have typically avoided incorporation of spiritual/transcendental considerations. Womanism, on the other hand, is quite adamant about the reality and importance of the spiritual world, which is less concern for the diversity of ways that is conceptualized.<sup>15</sup>

Phillips statement justifies the incorporation and necessity of theoretical frameworks and approaches that are inclusive to black women in order to accurately examine black women’s sexuality and the sexual health status.

According to Brenda Hayes and Leslie R. Boone’s assessment of the level of service provided to women on HBCU campuses, HBCUs offer basic health services such as first aid, limited immunizations, some pregnancy counseling and testing. Yet the healthcare for women on college campuses is left to the student through a referral process. Also, the researchers state that out of the fifteen National Centers of Excellence in Women’s Health supported by the Department of Health and Human Services (DHHS) through the Office on Women’s Health there are none at a HBCU.<sup>16</sup> However, Morehouse School of Medicine has a Center for Excellence in Health Disparities and

---

<sup>14</sup> Audre Lorde, “Uses of the Erotic: The Erotic as Power.” In *Sister Outsider*. New York: The Crossing Press, 1984.

<sup>15</sup> Layli Phillips, “Introduction.” In *The Womanist Reader* New York: Routledge, 2006.

<sup>16</sup> Brenda D. Hayes and Leslie R. Boone, “Women’s health research at Historically Black Colleges and Universities.” *American Journal of Health Studies* (Spring 2001): 59.

Sexual Health. There is limited federal funding for research that is not related to environment, technology, education, science, and biomedical research. However, Hayes states that HBSCUs submit fewer applications for federal funding opportunities so in receive fewer awards.

CAU is not representative of all higher education institutions but this institution will be used in this research as a sample to evaluate its SHPE program. Also, this research will expose how black female students' experiences compare and contrast based on demographics. Although this a global issue this research will only focus on the target population of black college women at CAU.

## CHAPTER IV FINDINGS AND DISCUSSION

### **Overview of Data Collection**

This research consists of a program evaluation of the sexual health peer education program at CAU, H-PEERS. The evaluation's purpose is to explore the program and evaluate its efficacy on the sexual health of black female students at CAU. Stakeholders for this evaluation include both internal and external. The internal stakeholders include CAU's Student Health Services staff, staff H-PEERS, and CAU students. The external stakeholders include grantors, such as Advocates for Youth and American Cancer Society, individuals that represent CAU departments, such as Residential Life, Africana Women's Studies, and Student Affairs that have contributed to the program in either financial support, planning and implementing programming on campus that are led or featured by H-PEERS. When findings is presented to all stakeholders, the researcher and stakeholders will decide which of the recommendations that the researcher offers can be implemented into the university's program.

The researcher collected data through surveys and participant observation. The researcher made the survey available online for five months and distributed surveys in classrooms at Clark Atlanta University. The researcher acted as a participant observer in order to collect data on the health peer education program which is the main focus of this research. There were 174 Clark Atlanta University students that completed the survey.

Out of the 174, 123 of the students identified as female, 50 identified as male, and one as other. The initial portion of the survey focuses on demographic information of students including: sex, classification at Clark Atlanta University, age, sexual identity, socioeconomic status, racial/ethnic background, religion, and hometown. Subsequently, the findings which attempted to answer the research questions will be presented in this chapter followed by a discussion.

The purpose of the survey was to collect data on CAU's students' sexual health knowledge, attitudes and beliefs towards sexuality, sexual health status, and sexual behaviors prior to attending CAU and if H-PEERS made an impact on each component of sexual health. Also, there are questions that focus on aspects of sexual health education identified by the Sexual Health Model which include body image and challenges (i.e., sexual assault). The survey required participants to rank the areas of sexual health that the Sexual Health Model suggests as significant by level of importance.

### Demographics

Most students to take the survey were female (71%, 123 female students) and 29% (50) of the students to take the survey were male. There was representation of students from all classification: 46% freshmen (80), 14% (25) sophomore, 17% juniors (30), 29% seniors (29), and 5% graduate students (9). The students' ages ranged 17 to 46: 7% 17 year olds, 82% 18-21 (145), 8% students 22-25, and 3% students were 26 and over (6). Most of the students identified their socioeconomic status prior to attending Clark Atlanta University as middle class (64%, 112 students), 30% working class (53), 1% upper class, and 5% other (8). Majority of the students identified as African

American (97%/168), 6% Caribbean (10), 1% African (2), and 6% other (10). Twelve students (7%) identified with multiple racial backgrounds. The other ethnicities represented were Native American (4%), Irish (1%), and White/Caucasian (1%). Most students identified as heterosexual (90%), 3% homosexual, 7% (5) bisexual (12), and 1% other (1). The other sexual identity represented is questioning. Questioning is an undefined sexual identity used when an individual is unsure of their sexual preferences. Majority of the students identified their religion as Christian (91%), 3% Muslim (5), 1% Catholic (2), and 4% other (7). The other religions represented included spiritual, Buddhist, and non-denominational. Students identified their hometown regions as: 35% southeast (61), 25% northeast (43), 23% Midwest (38), 11% west (20), and 6% southwest (10). These numbers represent the students that provided information. Some students did not offer information for sexual identity, religion, hometown, and race/ethnicity.

This research attempted to answer the following research questions:

1. Given that sexual health peer education is provided at Clark Atlanta University, what impact does the program have on the overall sexual health of black college women?
2. What are the least and most effective strategies to disseminate sexual health information to Black college women?
3. In what ways do culture, race, and gender play a role in the efficacy of transmission of sexual health education and values?

Given that sexual health peer education is provided at Clark Atlanta University, what impact does the program have on the sexual health of black college women?

## **Findings**

### **Sexual Health Knowledge**

In order to measure the knowledge of students prior to attending Clark Atlanta University, the researcher included survey questions that requested the age and level of education the students were introduced to sexual health education (Sex Ed.), sources of sexual health information received prior to attending CAU, components of sexual health education received, and perception of own sexual health knowledge. Students were introduced to sexual health education as early as elementary age (9 years old and younger) and as late as college age (18 and over). According to the survey, 81 students (48%) reported being first introduced to sexual health education at ages 10-13 (middle school). Forty-six students (27%) reported first being introduced to sexual health education at ages 14-17 (high school). Interestingly, near a quarter of students (35 students, 21%) reported being introduced to sexual health education at age 9 and under (elementary). Only six students reported being first introduced to sexual health education at age 18 and over (college). Table 4.1 illustrates the specific numbers representing female and male students. These numbers do not specify whether the education was received in school at the various levels but specifically the ages. However, the numbers can represent the knowledge being received in school at the various levels of education.

According to the survey, students received information prior to attending CAU from school, home, peers, media, and other sources. The most common source of sexual health education is school (85%), followed by home (74%), peers (66%), media (50%), and other sources (5%). The other sources include: extracurricular activities outside of



school (i.e. community based organizations and summer camp. Two students reported never receiving sexual health education. One student reported receiving sexual health information from an organization, Area Health Education Center (AHEC), which mentors students in community-based settings about health disparities, health topics, health promotion, and service learning. Table 4.2 reveals the specific numbers for students reporting their sources of sexual health education.

**Table 4.1. First Introduced to Sexual Health Education**

Age/Grade Level	Female	Male	Other
10-13 (Middle School)	60	21	0
9 and under (Elementary)	23	11	0
18 and over (College)	2	3	1
14-17 (High School)	32	12	0
Total	117	47	1

The students reported similar sexual health knowledge background. The sexual health education received by students in different regions varied in where or whom they received information from and what information received prior to attending CAU. Most students from all regions reported receiving information from school and home. More students from the North and South reported receiving sexual health information from peers than students from the East and West.

**Table 4.2. Students' Sources of Sexual Health Information prior to attending CAU**

Sources	Female	Male	Other
School (i.e., home economics, health class)	104	43	0
Home (i.e., parents, guardians)	95	33	1
Peers (i.e., friends, significant others, classmates, siblings, others close in your age group)	76	38	0
Media (i.e., TV shows, movies, magazines)	59	29	0
Other	9	0	0

According to the Sexual Health Model, the following components are necessary for sexual health education programs: abstinence only, sexually transmitted diseases, contraceptives/birth control, sexual anatomy/reproductive system, body image, healthy/unhealthy relationships, and other components that will not be included in this research. Most students reported receiving information on STDs (79%), contraceptives/birth control (83%), and sexual anatomy/reproductive system (72%). Over half of the students received information on abstinence only (58%), body image (62%), and healthy/unhealthy relationships. Two students had reported receiving no information, one student received information on doctors, and four students reported receiving other unidentified information. Table 4.3 illustrates the topics that students received information on prior to attending Clark Atlanta University.

**Table 4.3. Sexual Information CAU Students Received prior to attending CAU**

Sexual Health Info.	Female	Male	Other
Abstinence only	73	27	0
STDs	97	40	0
Contraceptives/birth control	102	41	1
Sexual anatomy/Reproductive system	87	37	0
Body image	80	27	0
Healthy/unhealthy relationships	86	33	0
Other	5	1	0

Students from the South reported more abstinence-only sexual health education than students from other regions and fewer reported receiving education on healthy and unhealthy relationships prior to attending CAU.

Students reported their perception of their overall sexual health knowledge prior to attending CAU. Over half of the students (53%) rated themselves as having above average sexual health knowledge. Nearly half reported having average sexual health knowledge. Only 5 percent of the students rated their sexual health knowledge below average. Table 4.4 shows how students rate their sexual health knowledge prior to attending CAU. Most students reported having an above average sexual health knowledge except students in the West reported their sexual health knowledge as average.

**Table 4.4. Perception of Sexual Health Knowledge**

Sexual Health Knowledge	Female	Male	Other
Below Average	8	1	0
Average	59	14	0
Above Average	55	35	1
Total	122	50	1

According to the survey, most of the female students at CAU that attended events sponsored by H-PEERS reported that they had an impact on their knowledge. They rated the programs as either somewhat effective, effective, or very effective. Table 4.5 offers the specific numbers.

**Table 4.5. Efficacy of H-PEERS sponsored programs on Sexual Health Knowledge**

Response	Female	Male
Very Ineffective	3	2
Ineffective	1	1
Somewhat Ineffective	4	1
Neither Effective nor Ineffective	4	2
Somewhat Effective	20	8
Effective	8	2
Very Effective	20	5

### Attitudes and Beliefs towards Sexuality

The attitudes towards sexuality and beliefs of students were assessed by survey questions that focused on influence on attitudes toward sexuality, discussion of sexuality/sexual health in the home, and beliefs on sexual behaviors prior to attending CAU. Personal experiences (37%) and Friends/Peers (35%) had the most influence on students' attitudes towards sexuality while religion/spirituality (4%) had the least influence. Fourteen percent of students reported family as having the most influence and 10% of the students reported media having the most influence on their attitudes towards sexuality. Three students reported either their own research or school had the most influence on their attitudes towards sexuality. One student reported that no one had an influence on their attitudes towards sexuality. Table 4.6 illustrates what CAU's students reported as the most influential to their attitudes towards sexuality.

The discussion of sexuality/sexual health topics in the home while growing up was assessed based on the method being negative or positive and open or close. Over half of the students (58%) reported that sexuality/sexual health topics were discussed both positive and open in the home. Seventeen percent (29) reported that sexuality/sexual health topics were discussed negatively and closed. Thirteen percent (23) of the students reported that it was discussed positively and closed. Only 6% of the students reported that sexuality/sexual health was openly discussed in a negative manner. Ten students (6%) reported that sexuality/sexual health was never discussed in the home. The CAU students from the US Northern and Southern region reported personal experiences as having the most influence on their attitudes and beliefs towards sexuality.

Students from Western and Eastern regions and students from outside the US reported friends and peers as having more influence.

#### **4.6. Most Influence on CAU's Black College Women's Attitudes towards Sexuality**

Factors	Female	Male
Friends/peers	42	15
Religion/spirituality	5	2
Media	8	1
Family	23	1
Personal experiences	38	22
Other	3	4
Total	119	45

The sexual beliefs of students were assessed focusing on sex (oral, vaginal, anal) without the use of a barrier and sex (oral, vaginal, anal) before marriage (or outside of a monogamous relationship). Over half of the students (52%) believe that it is permissible to have sex (oral, vaginal, anal) before marriage (or outside of monogamous relationship). Less than half of the students (42%) believe that it is unacceptable to have sex (oral, vaginal, anal) before marriage (or outside of a monogamous relationship). Ten percent (17) of the students reported that they believed that sex (oral, vaginal, anal) without a barrier is permissible. Nearly half of the students (77) reported that sex (oral, vaginal, anal) without a barrier is unacceptable. Students from states in the North and South were evenly divided on their beliefs on sex outside of monogamous relationships as being permissible and unacceptable. There were more students from the Eastern and

Western states reported believing sex outside of monogamous relationship as permissible as those believing it as unacceptable. The students from the Western states reported sex without barriers as permissible as any other region.

**Table 4.7. Sexuality/Sexual Health Discussion in the Home**

Sex in Home	Female	Male
Positive and open	69	30
Negative and open	8	3
Positive and closed	13	9
Negative and closed	25	4
Other	7	3
Total	122	49

**Table 4.8. Sexual Beliefs of CAU's Black College Women**

Sexual Belief	Female	Male
Sex (oral, vaginal, anal) before marriage (or a monogamous relationship) is permissible	55	30
Sex (oral, vaginal, anal) before marriage (or a monogamous relationship) is unacceptable	57	11
Sex (oral, vagina, anal) without use of a barrier is permissible	13	4
Sex (oral, vaginal, anal) without use of a barrier is unacceptable	55	22

According to the survey, most female students who attended an event reported that it made an impact on their attitudes towards sexuality. Forty-three female students reported that that the programs were either somewhat effective, effective, or very effective. Only 7 female students reported that the programs were ineffective.

According to the survey, most female students who attended an event reported that it made an impact on their attitudes towards sexuality. Forty-three female students reported that that the programs were either somewhat effective, effective, or very effective. Only 7 female students reported that the programs were ineffective. Table 4.9 illustrates the number of students' report of efficacy of H-PEERS programs on their attitudes and beliefs towards sexuality.

**Table 4.9. Efficacy of H-PEERS Programs on Female Students' Attitudes and Beliefs towards Sexuality (ABTS)**

Impact on (ABTS)	Female	Male
Very Ineffective	2	0
Ineffective	3	0
Somewhat Ineffective	2	2
Neither Effective nor Ineffective	12	6
Somewhat Effective	22	4
Effective	10	4
Very Effective	11	4



## Sexual Behaviors

The reported sexual behaviors of students before attending CAU focused on being sexual active, types of sex participated in, sex of sexual partners, and risky and reduced risk sexual behaviors. Most of the students (77%) reported being sexually active and 23% reported not being sexually active. Specific numbers of sexual active status of students are displayed in Table 4.10. The most common type of sex students reported participating in prior to attending CAU is vaginal sexual intercourse (74%). The least common type of sex reported is anal sex (5%). Table 4.12 reveals the numbers of types of sex reported by CAU students. Over half of the students reported participation in oral sex prior to attending CAU (55%). The majority of the female students identified having only male sexual partners (see Table 4.11) and 13 female students reported having both male and female partners. Male students reported as having mostly female sex partners and few with both or solely male partners.

**Table 4.10. Sexually Active Status of students**

Sex. Active Status	Female	Male	Other
Yes	86	44	1
No	36	3	0

**Table 4.11. Sexual partners reported by students**

Sexual Partners	Female	Male	Other
Female	13	46	0
Male	99	4	1
Total	112	50	1

**Table 4.12. Types of sex reported by students**

Types of Sex	Female	Male	Other
Oral	53	40	0
Vaginal	83	39	1
Anal	3	6	0
Other	0	1	0
I have not participated in any types of sex.	33	4	0
Total	172	90	1

Students reported participating in a variety of risky sexual behaviors such as: multiple sexual partners (15/15%), unprotected sex (81/83%), having sex while under the influence of drugs/alcohol (47/48%), one night stands (31/32%), and changing sex partners frequently (24/24%). Table 4.13 illustrates the reported risky behaviors by students. There were students that reported not participating in these activities and were excluded from these numbers. More students from Western states reported having multiple partners. Over half of students from all regions reported having unprotected sex. Nearly half of all students from all regions reported having sex while under the influence.

Students reported participating in risk-reduction sexual behaviors such as: open communication with sexual partners (98/59%), regular testing for STDs (69/42%), practicing monogamous relationships (75/45%), use of barriers during sexual activities (89/54%), abstaining from sex (42/25%), and use of contraceptives/birth control (74/45%). Table 4.14 reveals the numbers of students reporting participation in risk-reduction sexual behaviors. Students from southern states reported the lowest of practicing communication with sexual partners and use of barriers during sexual acts.

Students from the east reported lowest of receiving regular testing for sexually transmitted infections and practicing abstinence. However, those students from eastern states reported practicing monogamy and use of barriers during sexual acts. Student from northern states reported lower at practicing monogamy but higher at practicing communication with sexual partners. Students from the western states reported higher regular STI testing and practicing abstinence.

**Table 4.13. Risky sexual behaviors reported by students**

Risky Sexual Behaviors	Female	Male
Multiple sexual partners (oral, vaginal, anal) at one time	5	9
Unprotected sex (oral, vaginal, anal without barrier)	51	28
Sexual intercourse while under the influence of drugs/alcohol	24	22
One night stands	8	22
Changing sexual partners frequently	5	18
Total	93	99

According to the survey, most of the students that attended an event sponsored by H-PEERS reported that they had an impact on their sexual behaviors. Forty-five female students reported that the programs were either somewhat effective, effective, or very effective. Only 6 female students reported the programs being ineffective. Table 4.15 shows the efficacy of the programs reported by students.

**Table 4.14. Risk-reduction sexual behaviors reported by students**

Behaviors	Female	Male	Other
Open communication with partner(s) about safer sex practices	62	35	1
Regular testing for sexually transmitted diseases and infections (STDIs)	48	20	1
Practiced monogamy in sexual relationships	57	17	0
Use of barriers for sexual activities	59	29	1
Abstain from sexual activities (oral, vaginal, anal)	36	6	0
Use of birth control	59	13	0

**Table 4.15. H-PEERS sponsored events impact on students' sexual behaviors**

Impact on sex. behaviors	Female	Male
Very Ineffective	1	0
Ineffective	1	0
Somewhat Ineffective	4	3
Neither Effective nor Ineffective	11	2
Somewhat Effective	25	8
Effective	7	1
Very Effective	13	4
Total	62	18

### Sexual Health Status

In order to collect data on student's sexual health status prior to attending CAU, the researcher included questions on the diagnosis or experience associated with STDs, sexual assault, and body image. The majority of the students reported never experiencing symptoms associated with sexually transmitted diseases and infections (STDIs) (i.e., itching of genitals, vaginal/penile discharge, painful urination, and/or pain during sex. Table 4.16 reveals the actual numbers of students that reported if ever being diagnosed with an STD.

**Table 4.16. Students reported having symptoms or diagnosis associated with STDs**

STDs (symptoms or diagnosis)	Female	Male	Other
Yes	10	2	0
No	111	47	1

Fourteen students reported experiencing symptoms or diagnosis of sexually transmitted diseases, including Chlamydia, Gonorrhea, Human Papillomavirus (HPV), Herpes, and Trichomoniasis. Four students reported other sexually related illnesses or issues, such as bacteria vaginitis (BV), yeast infections, and urinary tract infections (UTIs). Out of the 12 students that reported being diagnosed with an STDI or experiencing symptoms associated with STDI 5 of the students were from the southern region, 4 from the west and 3 from the north. Table 4.17 illustrates the STDs reported by students who were diagnosed with an STD prior to attending CAU. Table 4.18 displays how students rated

their body image. Students rated their body image by the following: poor (2%), fair (11%), good (34%), very good (24%), and excellent (28%).

**Table 4.17. STDs Students Reported Prior to Attendance at CAU**

STDs	Female	Male
Chlamydia	4	2
Gonorrhea	1	1
Herpes	1	0
Human Immunodeficiency Virus (HIV)	0	0
Human Papillomavirus (HPV)	2	0
Syphilis	0	0
Other	3	0
Never been tested/Never been diagnosed	0	0
Total	11	3

Most of the students reported not experiencing sexual assault or sexual abuse. However, thirteen students reported experiencing sexual assault, child molestation, attempted rape, coercion, or sexual violence. Eleven of the students who reported experiencing the previously mentioned were female students. According to the survey, the female students who attended H-PEERS sponsored programs reported that they effectively had an impact on their sexual health status. Table 4.19 reveals the actual numbers of the students who reported experiencing a form of sexual assault.

**Table 4.18. Body Image rate reported by students**

Body Image	Female	Male	Other
Poor	4	0	0
Fair	19	1	0
Good	39	21	0
Very Good	27	11	0
Excellent	32	16	1

**Table 4.19. Students who reported experiencing sexual assault (or abuse)**

Experienced Sex. Assault	Female	Male	Other
Yes	11	2	0
No	109	46	1

**Table 4.20. H-PEERS impact on CAU's students' sexual health status**

Impact on Sex. Health Status	Female	Male
Very Ineffective	2	0
Ineffective	3	1
Somewhat Ineffective	2	1
Neither Effective nor Ineffective	14	6
Somewhat Effective	14	6
Effective	17	6
Very Effective	11	1

### Summary of Findings

According to the survey, most CAU's black female students reported that their sexual health knowledge prior to attending CAU was either average or above average. Most were introduced to sexual health education between the ages of 10-13 (middle school level). They reported receiving the majority of their information from school,

home, and peers. The majority received information on contraceptives/birth control and sexually transmitted diseases and less reported receiving information on body image and abstinence only. Eighty percent of the female students that attended H-PEERS sponsored events reported that it had an impact on their sexual health knowledge.

The survey revealed that by attending events sponsored by H-PEERS had an impact on 69% of the female students. The students reported that friends/peers and personal experiences had the most influence on their attitudes towards sexuality and religion/spirituality and media had the least influence on their attitudes towards sexuality. Most of the black female students reported sexuality/sexual health being discussed positively in the home while growing up. A quarter of the students reported that sexuality was either negatively discussed or never discussed in the home. The belief on premarital sex (sex outside of monogamous relationship) was nearly equally split between the female students. Only 2% more female students stated that it is unacceptable. There was a clear distinction between the beliefs on sex without a barrier. Most of the female students believed that it is unacceptable.

The survey required information on sexual behaviors of black female students practiced prior to attending CAU and the impact of H-PEERS. Majority of the students (70%) reported being sexually active and a third of the students reported not being sexually active (30%). The most common type of sex the students reported practicing prior to attending CAU was vaginal. However, female students did report practicing oral sex (43%) and anal sex (7%). The remainder female students (27%) reported that they had not participated in any type of sex prior to attending CAU. Multiple students



reported partaking in more than one type of sex. Most female students reported males as their sexual partners and 13 female students reported having female sexual partners. The most reported risky sexual behaviors were: unprotected sex (sex without a barrier) and sex while under the influence of drugs or alcohol. The least reported risky sexual behaviors were multiple sexual partners and frequently changing sexual partners. The most common risk-reduction sexual behaviors were open communication with sexual partners and use of barriers during sex. The least reported risk-reduction sexual behaviors were abstaining from sex and regular testing. Most of the female students that attended events sponsored by H-PEERS reported that by attending the events it had an impact on their sexual behaviors.

According to the survey, most of the female student reported not experiencing symptoms, diagnosis or any other sexual illness. Eleven female students reported being diagnosed with sexually transmitted diseases. Four female students reported experiencing other related conditions, such as urinary tract infections (UTI), bacterial vaginitis (BV), and yeast infections. The majority of the female students reported that by attending an event hosted by H-PEERS had an impact on their sexual health status.

## **Discussion**

According to available research there have been recommendations for sexual health education for black women. Carol Kim and Free concluded that peer-led

education programs demonstrated minimal effectiveness on students' sexual health.<sup>1</sup> However, the survey revealed that most female students who attend events sponsored by the H-PEERS perceived them as effective. The data collected from the survey confirms the benefits of the program on black female student's overall sexual health. There is research on black women's sexual health knowledge, attitudes and beliefs towards sexuality, sexual behaviors, and sexual health status. Research states that there is a link to one's self-esteem and depression to one's participation in risky sexual behaviors. According to the survey, the majority of the female students rated their body image as good, very good, or excellent. There were incidents of some form of sexual assault which could have an effect on one's self-esteem or body image.

Thomas stated that religiosity has an effect on sexual risks taken by African-American females. The survey illustrated that CAU female students deemed spirituality as one of the most important aspects of sexuality/sexual health along with sexual health care and safer sex. However, fewer women identified religion/spirituality as the most influential to their attitudes and beliefs towards sexuality.

Kamen and Buhi research both revealed data on black women and girl's sexual behaviors. The survey revealed that some of the female students were not even sexually active. In fact, those students that reported being sexually active also reported practicing risk-reduction sexual behaviors and haven't been diagnosed with STDs. However, some female students practiced risky sexual behaviors and had been diagnosed with an STD.

---

<sup>1</sup> Kim, Caron and Caroline Free, "Recent Evaluations of the Peer-Led Approach in Adolescent Sexual Health Education: A Systematic Review." *International Family Planning Perspectives* 34, no. 2, (June 2008): 89-96.

Research suggests that there are cultural and gender factors that have an effect on black women's sexual behaviors which can cause adverse sexual outcomes, such as STDs.

What are the least and most effective strategies to disseminate sexual health information to Black women college students?

### **Findings**

The H-PEERS program is a CAU student organization that is composed of health peer educators that are recruited and trained on various health topics. It is an extension of CAU's Student Health Services (SHS) so it is not funded by the school but through external funding. Organizations, such as Advocates for Youth and American Cancer Society have been major contributors to the organization and SHS. SHS and H-PEERS host annual events that focus on health issues that affect black college students. The events that recognize health awareness months and days that include black female college students are Cervical Cancer (January), National Black HIV/AIDS (February 7), Women's and Girls HIV/AIDS (March 10), National Youth HIV/AIDS (April 10), Breast Cancer (October), and World AIDS Day. H-PEERS have collaborated with a number of CAU's departments and organizations, community partners, and various individuals in order to host events that catered to not only students of CAU but youth in the metro-Atlanta areas. Some of these partnerships include: (CAU and AUC institutions) Psychology, Africana Women's Studies, Counseling and Disabilities Services, Religious Life, Residential Life, National Pan-Hellenic Council, Student Affairs and Enrollment, Women's Leadership Conference, Health Educators of Morehouse, Sexual Health Spelman ; (community partners) AID Atlanta, Georgia Health Department, Sister Love, MLP Communications, Planned Parenthood, Fulton County Health and Wellness,

Northside Hospital, YWCA; (individuals) Johnnetta McSwain (Breaking the Cycle), Alexis Loir (Flow Ink), Kevin Cates (Bridge DA Gap), Producer & Program Developer, Tiffany Marshall (Miss GA America), Derek J (Celebrity Stylist & Oxygen's Hair Battle), and Montee Evans (Founder of Black AIDS Day).

The H-PEERS were awarded the HBCU HIV Prevention Initiative grant for \$60,000 from Advocates For Youth through a collaborative partnership with the Department of Health and Human Services Office of Minority Health: Minority Community HIV/AIDS Partnership: Preventing Risky Behaviors Among Minority College Students in 2010-2013. Advocates for Youth is an organization based out of Washington, DC whose purpose is to equip youth with the resources to live healthy lives. The purpose of the grant was to offer HBCUs (CAU, Morehouse, Jackson State University, Mississippi Valley State University, and Alcorn State University) funding and resources to achieve six goals to decrease the incidents of HIV cases among young people of color. These goals include:

- Goal 1. To increase provision of youth-led HIV/AIDS education to increase awareness of HIV risk factors and prevention.
- Goal 2. To increase condom availability.
- Goal 3. To increase access to youth-friendly HIV testing and counseling
- Goal 4. To increase linkages to appropriate primary care, supportive care and/or behavioral health services for HIV positive students
- Goal 5. To improve HIV/AIDS-related policies on campus, to improve access to, referral to, and utilization of services and reduce stigma and discrimination.
- Goal 6. To increase leverage and efficient use of resources/assets through partnership.

Each goal consisted of objectives that were expected to meet in order to achieve each goal. It was required that the organization regularly reported data to Advocates for Youth with progress towards achieving each goal.

The first goal consisted of utilization of students to educate their peers on HIV risk factors and prevention. The three objectives include: (1) recruit, train and maintain a 10 member Youth Leadership Council in the student health center, (2) institutionalize the Youth Leadership Council as a campus organization, (3) organize HIV awareness events/awareness days (i.e., forums, town halls, rallies, and tabling), conduct gender-specific workshops, conduct 3 campus wide events, and distribute condoms reaching 350 students. CAU SHS and H-PEERS had accomplished this goal within the first year of the grant. CAU had already had a student organization in place, H-PEERS and had 20 students, newly recruited or returning students, by the end of the first year of the grant. H-PEERS organized and implemented 57 events that satisfied the objective and reached 6, 030 students throughout the three years. Table 4.21 reveals the source that students reported receiving sexual health information on campus. Half of the female students reported that they received their health information from the health center, while over a quarter of the female students reported receiving their information from H-PEERS. The remainder of the students reported receiving their information from doctors, personal research, or not receiving any health information on campus. Near half of the female students reported never attending an event sponsored by the H-PEERS. Slightly more than half of the female students reported attending the events, but few reported attending

events regularly. Table 4.22 illustrates the report of students' attendance at H-PEERS sponsored events.

**Table 4.21. Sources students receive sexual health information at CAU**

Sex. Info on Campus	Female	Male	Other
Health center (nurse, doctor, brochures)	55	20	1
Health peer educators organization (H-PEERS)	32	11	0
Other	22	10	0

**Table 4.22. Frequency of students' attendance at H-PEERS sponsored events**

Attend H-PEERS events	Female	Male	Other
All of the Time	7	1	0
Often	7	2	0
Sometimes	22	8	0
Rarely	29	10	0
Never	56	27	1

The second goal focused solely on increasing condom availability on campus for students. The objectives include: (1) assess student's preferred condom brand on campus, (2) develop a plan to disseminate condoms on campus, (3) create and disseminate condom kits on campus. There was a survey made available to students to inform SHS/H-PEERS their condom preferences. The majority of the students requested Trojan's Magnum and variety pack condoms. AFY provided H-PEERS with both in

order to distribute. H-PEERS collaborated with student organizations, academic departments, and residential advisors to have condoms available for students. Over the three years of the grant, H-PEERS distributed 18,300 condoms.

**Table 4.23. Reason students never attended H-PEERS sponsored events**

Reason	Female	Male	Other
Unaware of events	56	27	0
Not interested in topics	7	2	0
Uncomfortable with topics	1	0	0
Other	4	0	0
I attended an event	46	18	0

The purpose of goal 3 was to increase the access to HIV-testing and counseling that was youth-friendly. The objectives include: (1) *Assess current availability of HIV counseling and testing services*, (2) *Purchase HIV testing supplies*, (3) *Promote HIV counseling and testing services on campus* (4) *Evaluate HIV counseling and testing services on campus*. H-PEERS collaborated with various student organizations, community partners, and individuals to host HIV testing events on campus throughout the school year. AID Atlanta was a community partner that was generated through the grant and burgeoned throughout the year. They offered the H-PEERS trainings, volunteer opportunities, and offered HIV testing for students on campus. Overall, there were 1,205 students tested for HIV. Goal 4 and goal 3 closely related seeing as goal 4 is to link those students that test positive to care. The objectives include: (1) *Identify existing protocol for linking HIV-positive college students to care*, (2)

Identify youth-friendly community services and review protocol for linking HIV-positive college students to care, (3) Implement and assess new protocol, linking HIV-positive individuals to primary care, supportive and/or behavioral health services. CAU's SHS were successful at linking any HIV-positive students to care.

The purpose of goal 5 was to assure that policies exist on campus that would protect students that were tested positive or self-identified positives. The objectives of this goal include: (1) Identify HIV/AIDS-related policies on campus, (2) Review/improve HIV/AIDS-related policies that address athletic and intramural sports participation; confidentiality; condom availability; campus and community counseling, testing, and referral services; discrimination; education and prevention interventions; housing; personnel; services for HIV positive individuals; reporting mechanisms; and staff training on universal precautions. (3) Partner with school administrators to garner support and approval for improved HIV/AIDS-related policies. CAU's Student Health Services have implemented a HIV policy into the Student Health Services Handbook.

The purpose of the last goal was to last goal utilize internal and external resources to achieve the goals. The objectives of this goal include: (1) *Identify campus and local resources and assets*, (2) *Contact resources identified to provide overview of the project*, (3) *Host at least two stakeholder meetings*. SHS and H-PEERS developed partnerships with nearly 100 administration, academic departments, student organizations, community based organizations, and individuals throughout the three years of the grant.



## **Discussion**

Researchers, such as Robert DiClemente, Gina Wingood, and Dazon Dixon have identified key components that have been proved beneficial to include in sexual health education for black women based off of their research. DiClemente and Wingood stress the importance of cultural sensitivity in sexual health interventions. This research considered these components along with the concepts suggested by the SHM. The grant allowed the Student Health Services and H-PEERS fund events and initiatives to strengthen the efforts of the SHPE and the students on campus with the necessary knowledge and resources to be able to make healthy choices.

The first goal, which focuses on the organization and recruitment of health peer educators is significant to the purpose of the ultimate goal. It is imperative to have a group of students that are willing to volunteer their services in order to improve the well-being of their peers. The findings of this research reveals that students are receptive to the information and resources. The fact that the H-PEERS were able to distribute nearly 20, 000 condoms to their peers within three years proves that there is a need for students acting as advocates for their peers. Although half of the students receive their health information from the health center, the health peer educators are act as an ambassador between the healthcare professionals and the students. It is required by the grant that H-PEERS are trained on various health topics, especially HIV prevention. The H-PEERS received training at least three times each month by experts and healthcare professionals from institutions and organizations such as Morehouse School of Medicine, Advocates

for Youth, American Red Cross, Planned Parenthood, and Partnership against Domestic Violence (PADV).

Goals 3 and 4 focus on HIV testing, counseling, and linkage to care. Peter Thomas suggests that southern blacks are at high risk of HIV based on the imbalanced ratio of female to male students. Seeing as CAU's student population has a higher ratio of female students to male students, there is an increased risk of transmitting STDIs on campus as male and female students have reported sexual partners of both sexes (table 4.12). Thomas maintains that the examination of perceived and actual risk for HIV infection, patterns of healthcare use, and knowledge of and attitudes toward HIV testing are important components of implementing effective HIV testing strategies.<sup>2</sup> This finding of this research reveals that the majority of the students reported never being diagnosed or experiencing symptoms from STDIs. However, it cannot be assumed that the majority of the students have never in deed had an STDI. Thomas stated that those who perceive themselves at high risk were more likely to get tested. If the students at CAU did not believe that they were at risk it is possible they did not believe they needed to be tested. However, Gray and Saracino, suggests that those who were at high risk agreed to get tested because some may actually fear a positive diagnosis or feel immune. In order to decrease the stigma from STDI testing, which is focused on in goal 5 of the grant, CAU's student health services should offer HIV testing as a combined testing with other STDIs. H-PEERS can encourage students to receive the additional testing.

---

<sup>2</sup> Peter E. Thomas, Andrew C. Voetsch, Binwei Song, Denyce Calloway, Carolyn Goose, Lynette Munday, Joanne Nobles, Kaye Sly, Michelle R. Smith, Brenda Williams, Mattie Shiloh, Kevin Patterson, Sybil Ward, Patrick S. Sullivan, James D. Heffelfinger, "HIV Risk Behaviors and Testing History in Historically Black College and University Settings." *Public Health Reports* 2008 123 (2008): 115-125.

Although it is a voluntary services, it should encouraged along with a regular physical visit. Nevertheless, the various supplies necessary for adequate testing becomes expensive. Organizations such as Advocates for Youth have aided in ameliorating these issues of funding. The encouragement to partner with local stakeholders in the efforts to decreasing high rates and increasing prevention and healthy adolescents of color has been beneficial to the health services and H-PEERS.

Like other researchers, Nguyen and Dixon addresses the issue of disproportionate rates of HIV and other STI's among African-American women in the United States. The implications of both research in addition to this research confirms that culture, race, and gender are major factors in the efficacy of sexual health messages. A holistic approach to finding the solution to decreasing the high rates of HIV/AIDS and other STI's rates among African-American women. Also, the inclusion of positive and empowering messages as the SHM suggests, such as positive sexuality, dialogue about sex, and body image.

In what ways do culture, race, and gender play a role in the efficacy of transmission of sexual health education and values?

## **Findings**

Student Health Services and H-PEERS have collaborated with many partners to host events to focus on black health disparities, especially HIV and other sexually transmitted diseases, lupus, and cancers. Annually, SHS, H-PEERS and other CAU departments hosts a Women's Empowerment Conference that focus on health topics that

are specifically focus on black women. Topics that are discussed include: spiritual health, sexual health, physical health, mental health, and financial health. The conference purpose is to use a holistic approach to address the issues that affect black college women. SHS and H-PEERS have partnered with AID Atlanta and Sister Love to host monthly workshops and programs in campus dorms that are exclusive to female students. The SHPE organization, along with CAU's Student Health Services, have incorporated health messages that target the black female students on campus. For example, Cervical Cancer awareness, breast cancer awareness, Women's Empowerment Conference, and series of workshops in female dorms.

The majority of the students that CAU's Student Health Service and H-PEERS reach out to through health center visits, health fairs, campus-wide events, and classroom presentations are black college women. Although the main focus is on college students, H-PEERS have partnered with community based organizations, such as AS I AM Girls Club, Inc. and SCLC WOMEN to reach out to young black women in the metro-Atlanta area. In order to highlight the role of gender, culture, and race in the efficacy of sexual health education values, this research will highlight the following initiatives of H-PEERS and CAU's Student Health Services: campus-wide events (i.e., Annual Women's Empowerment Conference) and intimate setting events (i.e., workshops in female dorms).

The Women's Empowerment Conference is hosted every year during Women's History month and relatively close to Women's and Girl's HIV Awareness Day. This event is a collaborative effort by following CAU departments: Student Health Services, the Office of Religious Life, Residence Life, and Counseling and Disability Services, and

the Office of Alumni Relations. Throughout the year a committee is developed to discuss the theme, format, implementation of the conference. The conference is held over a span of the weekend, Friday, Saturday, and Sunday. The Friday's event, "Pampering Me Party" is combination of fitness, nutrition, therapeutic services and information. Local vendors, physical trainers, dance instructors, massage therapists, hair stylists, nail techs, and makeup artists are invited to offer students complimentary services. The purpose of this event is to offer female students an alternative to regular weekend activities and to treat them to services that are usually too expensive for a college students' budget. The Saturday component consists of interactive workshops, dialogue, and lectures that have focused on academic/intellectual health, sexual health, physical health, mental health, sisterhood, and global involvement. The last day is reserved for the women-led chapel service which consists of a message that compliments that year's theme. Over the last three years, this event has reached out to over nearly 500 female students.

The H-PEERS are often invited by residential advisors to come host events or present in all female dorms on various topics, such as women's health, safer sex, healthy relationships. These events usually consist of open dialogue among female students on health topics that they personally have been affected by in some way, such as sexual assault, IPV, and STDIs. However, these workshops are structured in a positive manner. For example, a workshop was hosted by the researcher and H-PEERS on sex-esteem. Sex-esteem is a positive way to discuss sexuality among women. The female students responded well to this event and felt comfortable disclosing personal experiences with the group. Also, the researcher hosted an event, "The L Word", which consisted of

interactive activities and open dialogue on issues and experiences of female students who identified as lesbian or bisexual. This event was a collaboration with a student organization led by lesbian, gay, bisexual, transgender, queer students (LGBTQ), IAME. Throughout the last three years, there have been various efforts in intimate settings targeting black college women which have offered these students with a safe space to voice their perspectives on their experiences. It is these programs that convey a message to the black college women at CAU that H-PEERS, along with CAU's Student Health Services and other CAU departments, that they are an advocate for their holistic well-being during their matriculation.

### **Discussion**

The demographics of the participants of the survey mimic the demographic of the students in attendance at CAU. The H-PEERS are a diverse group of students that can identify with the students that they often reach out to through various events. McCree suggests that social determinants of black women have an effect on their sexual health.<sup>3</sup> He recommends that interventions address contextual and structural environmental factors that affect African- American women. Fullilove argues that development of gender and culture-specific strategies can aid in the decrease of sexual health disparities among black women.<sup>4</sup>

---

<sup>3</sup> Donna Hubbard McCree, Kenneth Terrell Jones, Ann O'Leary, *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*. New York: Springer, 2010, 9.

<sup>4</sup> Mindy Thompson Fullilove, Robert E. Fullilove, III, Katherine Haynes, Shirley Gross, "Black Women and AIDS Prevention: A View towards Understanding the Gender Rules." *The Journal of Sex Research* 27, no. 1 (February 1990): 47-64.

Cynthia Pointdexter's interpretation of cultural competence correlates with the initiatives of the SHPE at CAU, along with other stakeholders. First, acknowledgement of the attitudes towards sexual health topics becomes evident within the dialogue among students and H-PEERS during various events. Secondly, offering the students resources to access safer space for HIV treatment and promotion of risk reduction behaviors (i.e., safer sex practices). Also, the empowerment of black female students to be able to make decisions which can at times conflict with cultural beliefs and societal norms. She stresses the importance of training staff and volunteers to engage individual, family, and community, which H-PEERS are trained and active in the campus community and that of the metro-Atlanta area. The ultimate goal being to act as advocates to reduce sexual health disparities in the black community, especially on campus, by increasing access to prevention and treatment for students.

## **Conclusion**

The findings of this research support the notion that it is essential for students to be involved in the efforts to improve the overall sexual health of their peers. Black female students have reported that the events sponsored by the H-PEERS have effectively had an impact on their sexual health knowledge, attitudes and beliefs towards sexuality, sexual behaviors, and sexual health status. Through the funding from organizations, such as Advocates for Youth, the H-PEERS have been able to reach out to over 6,000 students within the last three years. The H-PEERS, Student Health Services, and other partners have proven to be culturally competent to relay sexual health messages to the black college women while acknowledging the social determinants, culture, gender, and race of

the students through numerous programming and initiatives. It is crucial that these efforts can be continued in the future in order to effectively achieve the goal of the organization and institution.



## CHAPTER V

### CONCLUSION AND RECOMMENDATIONS

#### **Conclusion**

Sexual health peer education programs at institutions of higher education have become a growing venue to relay sexual health messages to students. Adolescents are increasingly reported as the majority of adverse sexual health conditions, such as sexually transmitted infections. African-American adolescents have become the most represented in the high rates of sexually transmitted diseases and unintended pregnancies. African-American women have disproportionately high rates of sexually transmitted infections and higher death rate from cancers than other women. Research is inundated with data on the sexual health status of African-American women with minimal solutions to an issue that can be decreased and even eliminated through education and prevention. Populations with the African-American community require sexual health education strategies that are exclusively designed for their needs. Clark Atlanta University's sexual health peer education program, H-PEERS, has become that advocate for the students at CAU.

This research explores a component of sexual health education, SHPE, which requires more research. The findings offer a guideline to SHPE programs on ways to effectively benefit a population that is affected due sexual health disparities. This research of CAU's H-PEERS has publicized their efforts and effectiveness on CAU's

campus. The findings revealed that students come to CAU aware of basic sexual health information, practicing both risky sexual behaviors as well as risk-reduction behaviors. Further research is necessary on factors that lead to the changes or continuity of black college women's sexual health during their matriculation at CAU. It involves black college women's perception on SHPE and its' impact on their overall sexual health. The inclusion of their voice can encourage them to become more active in the direction of their sexuality/sexual health and that of other women. This research can encourage for sexual health peer education programs at institutions of higher education that already have a program established, institutions that have yet to establish a program.

The SHM's components: body image, challenges, sexual health care/safer sex, sexual anatomy functioning, spirituality, dialogue about sex, positive sexuality, culture and sexual identity, intimacy and relationships have been proven to be essential in sexual health peer education at CAU. Black college women identified these concepts as significant to their sexual health. While examining the overall sexual health of black college women it becomes evident that sexual health education should not be limited to solely discussion of contraception/birth control and STDIs prevention. In fact, the inclusion of cultural beliefs, spirituality, mental/emotional topics, which are not commonly discussed in sexual health education, is necessary to effectively have an impact on those populations that social determinants and culture have been proven to have an influence on sexual health decisions and realities. The collaborative efforts made by CAU's H-PEERS, Student Health Services, and partners must continue and improve in order to aid in decreasing sexual health disparities and increasing empowerment among

black women to have access to adequate information and resources to make the decisions that will lead them to healthier lifestyles.

So the curriculum for health education programs involving black women's reproductive health may need to include family. There may be some factors that are unrevealed to health educators when discussing reproductive health of black women. Hudson-Weems lists 18 characteristics of Africana Womanism, which includes: self-namer, self-definer, family centeredness, in concert with males in struggle, flexibility of roles, genuine sisterhood, strength, male compatibility, respect, recognition, wholeness, authenticity, spirituality, and respect for elders, adaptability, ambition, mothering, and nurturing. Hudson-Weems' command for the reclamation of afrocentricity for the African Diaspora can be a significant attribute to the efficacy of a health education program for black women. The concept of womanism could be the element missing or if present increasing the effectiveness of health education programs.

A component of womanism that can be Alice Walker encourages dialogue as a major attribute of womanism is dialogue when she discusses the kitchen table. Although health education is the dissemination of health information, dialogue could possibly be used as a primary, secondary, and tertiary preventative method for black women. Black women naturally connect with one another through disclosing shared and individual experiences as Alice Walker refers to the "the kitchen table."<sup>1</sup> One solution is to for women to have open dialogue and fight against this oppression that has affected their health. According to Audre Lorde in "Uses of the Erotic: The Erotic as Power", the

---

<sup>1</sup> Alice Walker, *In Search of Our Mothers' Gardens: Womanist Prose*. Orlando: Harcourt, Inc., 1983.

oppressors need to deteriorate any kind of power that the oppressed may possess. Audre Lorde argues that the erotic is “a resource within each of us [black women] that lies in a deeply female and spiritual plane, firmly rooted in the power of our [black women] unexpressed or recognized feeling.”<sup>2</sup> Also, she suggests that the acceptance of the distortions of our power engenders docility, loyalty, and obedience to our oppressors, settling for our oppression.

Therefore, the discussion should focus on how to incorporate condom negotiation or empowerment rather than solely the facts of sexual health risk reduction. The suggestion that the behaviors of black women cause their high rates of STDIs should encourage more researchers to focus on strategies that health educators can incorporate into their curriculum to effectively approach the issue of STDIs. It is important to target the most affected age group of those 25-34 years, although they accepted 18 and over, while the median was 31 years old. It is important to address effective condom use and information about STI (including HIV/AIDS) as early as possible.

### **Recommendations**

Based on the findings of this research, there are some recommendations for the H-PEERS program, future research, and CAU. Many of the students that reported never attending an event sponsored by the H-PEERS were freshmen students. They reported not being aware of the events. H-PEERS should consider the following: (1) collaborate with Mass Media Communications department to improve publicity of events and (2)

---

<sup>2</sup> Audre Lorde, “Uses of the Erotic: The Erotic as Power.” *Sister Outsider*. New York: The Crossing Press, 1984.

develop a relationship with Freshmen Seminar director and professors to propose that students are mandated to attend at least one event hosted by the H-PEERS or invite H-PEERS to come to the classes and present to the students. Also, few students reported not being interested or comfortable with the topics focused on at H-PEERS sponsored events. Then, it would be beneficial if H-PEERS surveyed the students on desired topics to be focused on and alternative ways to discuss sensitive topics.

Some female students reported that their status as not sexually active led them to believe that it was not necessary for them to receive information on sexual health topics. H-PEERS initiatives should be inclusive to those students who are not sexually active. A support group can be developed within the organization for those students who choose to remain abstinence or celibate. Also, H-PEERS should have events that are inclusive to the LGBTQ community on campus. Although most female students identified as being heterosexual and having male partners, there was a number of female students that identified as having females as sexual partners rather they identified as heterosexual, bisexual, or homosexual. So, H-PEERS should not assume that all students are heterosexual rather self-identified or not but offer information in a way in which all sexualities can benefit. Nevertheless, H-PEERS have begun the initiative of inclusivity by receiving a LGBTQ training sponsored by Advocates for Youth and the organization has collaborated with a LGBTQ student organization, IAME. \

Scholars who may be interested in this topic should focus on black male students, black female students on other campuses, or the LGBTQ students. Each isolated research will offer an insight on the responses of these students on sexual health peer education

and how programs in place or not yet developed can aid in improving or sustaining the students' sexual health. Although this researcher included male students and students of various sexual identities in the data, this research focus is on the black female students of various sexualities.

This research encourages an interdisciplinary approach to addressing sexual health disparities among black women. According to the findings of this research, black college women identified various influences on their overall sexual health: sexual health care/safer sex, spirituality, intimacy and relationships, body image, dialogue about sex, culture and sexual identity, sexual challenges, sexual anatomy/reproductive system, and positive sexuality. Although ranking of importance by the students varied it is important to recognize each component. The following of CAU disciplines can be included in this effort: African-American Studies, Africana Women's Studies, and History (AWH), Sociology & Criminal Justice, Social Work, Allied Health/Public Health, Health and Physical Education, Biological Sciences, Religion and Philosophy, and Counseling Education. Among these disciplines, it also offers opportunities for collaborative research for Humanities, Sciences, Public Health, and Social Sciences which may attract government funding to implement and execute various projects and efforts. The researcher has selected some examples of courses offered in the previously mentioned disciplines that would be beneficial for students to complete in order to receive information on issues that affect black college women's sexual health. The courses were selected based on the suggested components of the Sexual Health Model, including modifications: body image/mental health, challenges with sexual health, culture and

and how programs in place or not yet developed can aid in improving or sustaining the students' sexual health. Although this researcher included male students and students of various sexual identities in the data, this research focus is on the black female students of various sexualities.

This research encourages an interdisciplinary approach to addressing sexual health disparities among black women. According to the findings of this research, black college women identified various influences on their overall sexual health: sexual health care/safer sex, spirituality, intimacy and relationships, body image, dialogue about sex, culture and sexual identity, sexual challenges, sexual anatomy/reproductive system, and positive sexuality. Although ranking of importance by the students varied it is important to recognize each component. The following of CAU disciplines can be included in this effort: African-American Studies, Africana Women's Studies, and History (AWH), Sociology & Criminal Justice, Social Work, Allied Health/Public Health, Health and Physical Education, Biological Sciences, Religion and Philosophy, and Counseling Education. Among these disciplines, it also offers opportunities for collaborative research for Humanities, Sciences, Public Health, and Social Sciences which may attract government funding to implement and execute various projects and efforts. The researcher has selected some examples of courses offered in the previously mentioned disciplines that would be beneficial for students to complete in order to receive information on issues that affect black college women's sexual health. The courses were selected based on the suggested components of the Sexual Health Model, including modifications: body image/mental health, challenges with sexual health, culture and

sexual identities, dialogue about sex, intimacy and relationships, positive sexuality, sexual health care and safer sex, sexual anatomy functioning/reproductive health, and spirituality. Seeing as some of these components are interrelated, they have been grouped based on a holistic approach to black women's sexuality: mind (mental and emotional health), body (physical and sexual health), and spirit (religion,\*spirituality, culture, sexual identity).

The courses selected to fulfill the mental and emotional health include the following SHM components: body image/mental health, intimacy and relationships, and challenges with sexual health. The majority of these courses derived from the following departments: Psychology (CPSY), Allied Health (CAHP), Counseling Education (CCPS), Health and Physical Education (CHPE), Social Work (CSW), and Sociology and Criminal Justice (CSCJ). These courses include:

- CPSY 330 - African-Centered Psychology
- CPSY 385 - Abnormal Psychology
- CPSY 398 - Adolescent Psychology
- CAHP 110 - Drug Abuse
- CAHP 433 - Crisis Intervention
- CCPS 398 - Adolescent Psychology
- CCPS 509 - Counseling Diverse Populations
- CCPS 534 - Community & Mental Health Counseling
- CHPE 300 - Psychological & Social Health
- CHPE 318 - Human Growth & Development
- CSSW 606 - Alcohol Dependency & Substance Abuse
- CSSW 609 - Emotional Disorder Child & Adolescent
- CSSW 708 - Health Issues for Women
- CSCJ 352 - Marriage & Family



The courses listed focus on different aspects of which include various factors that can have an effect on mental and emotional health, such as drug abuse and mental disorders.

The courses selected to focus on physical and sexual health consider the following SHM components: sexual health care and safer sex, dialogue about sex, positive sexuality, and sexual anatomy functioning/reproductive health. These courses were derived from the following departments: Social Work (CSW), Biological Sciences (CBS), and Allied Health (CAH), and Sociology and Criminal Justice (CSCJ).

- CAHP 113 - Nutrition & Metabolism
- CAHP 230 - Anatomy and Physiology
- CAHP 260 - AIDS Awareness
- CAHP 301 - Maternal and Child Health
- CAHP 302 - Maternal & Family Planning
- CAHP 304 - Maternal & Child Hlth Sem & Prac
- CAHP 340 - Intro to Health Education
- CAHP 426 - Epidemiology
- CAHP 442 - Health Education Methods
- CBIO 230 - Anatomy and Physiology
- CBIO 231 - Anatomy & Physiology II
- CBIO 240 - Anatomy and Physiology
- CSSW 517 - Community-Based Health Care
- CSSW 518 - Community Health Promotion Theory/Strategies
- CSSW 522 - Public Health Social Work
- CHPE 230 - Anatomy and Physiology
- CSCJ 308 - Medical Sociology
- CPSY 358 - Human Sexuality

The course previously listed focus on sexual health, maternal and reproductive health, and sexual anatomy.

Finally, the courses selected to focus on spiritual and cultural health adhere with the following SHM components: culture and sexual identity and spirituality. The

majority of these courses were obtained from the African-American Studies, Africana Women's Studies, and History and Religion and Philosophy departments. The remainder courses were selected from Social Work, Counseling Education, and Sociology and Criminal Justice.

- CAAS 402 - Current Issues In African-American Studies
- CAAS 501 - Africa & the African Diaspora
- CAWS 490 Intro to Africana Women's Studies
- CAWS 490 - Intro to Women's Studies
- CAWS 501 - Feminist Theory
- CAWS 502 - Africana Feminist Theory
- CAWS 504 - Comparative Third World Women
- CAWS 506 - Women and Development
- CAWS 507 - Rural Women
- CAWS 508 - Urban Women in Africa & Caribbean
- CAWS 509 - Gender, Race & Class Public Pol
- CAWS 615 - Race, Sex, and Class
- CHIS 606 - Black Woman In American History
- CHIS 607 - Community, Family & Oral History
- CREL 103 & 104- African-American Religious Experiences I & II
- CREL 361 - Culture and Religion
- CREL 362 - Psychology of Religion
- CREL 435 - Contemporary Religious Thought
- CSSW 603 - African-American Families
- CSCJ 105 - Culture & Society
- CSCJ 218 - Contemporary Social Problems
- CSCJ 421 - Special Topics II: Community Structures
- CSCJ 430 - Race and Ethnicity

The courses selected focus on the culture and experiences of African-American women and religion. According to the course descriptions and experiences of the researcher, the courses will include conversations on sexual identities, such as Intro to Women's Studies.

The purpose of the selection of courses from various disciplines is to prove that study of black women's sexuality is not limited to one academic department. However,

research on programs that offer course and programs that focus on the sexualities of black women in order to introduce a development of a certification at Clark Atlanta University. Initially, this certificate can be housed in the AWH department. In addition to the implementation of center on campus, it could also offer this certificate. The large number of black female students on CAU's campus would benefit from an entity reserved for their holistic needs, including the following aspects of health: mental/intellectual, physical/sexual, and spiritual/cultural. This development would offer the institution opportunity for funding that targets initiatives for African-American women's health, adolescent health, and college students. This initiative can offer faculty, staff, and students from all departments and student organizations an option to collaborate on efforts usually made individually, such as recognizing awareness events, on a university level. This center could allow community based organizations, federal programs, and local businesses to offer the students, staff, and faculty firsthand resources, such as funding, trainings, and programming. The center would offer the university an opportunity to improve its brand. Too it would offer researchers, students and faculty, opportunities to produce research that would benefit not only the university but the metro-Atlanta area. In order to make the efforts to develop a women's center on CAU's campus, it is crucial for the involvement and support of administration, faculty, staff, students, and community partners.

In conclusion, the findings of this research have answered the research questions on black college women's response to SHPE on their overall sexual health, efficacy of the strategies used by SHPE, and the role of culture, gender, and race. This research has

concluded that H-PEERS have made an impact on the overall sexual health of black college women at CAU while utilizing strategies guided by a grant and incorporating culturally competent messages. The findings of this research have led to recommendations for CAU's H-PEERS, university, and scholars. The researcher has made a suggestion for future applications of this research that will benefit the students, employees, and surrounding community.

## BIBLIOGRAPHY

- BACCHUS Network™ Organization History," The BACCHUS Network, last modified 2011, accessed November 9, 2013, <http://www.bacchusnetwork.org/history.html>.
- Baldwin, Janice I., Scott Whitley, and John Baldwin. "Changing AIDS and Fertility-Related Behavior: The Effectiveness of Sexual Education." *The Journal of Sex Research* 27, no. 2. (1990): 245-63.
- Battles, Juan and Sandra Barnes. *Black Sexualities: Probing Powers, Passions, Practices, and Policies*. New Brunswick, New Jersey: Rutgers University Press, 2006.
- Bennett, Michael and Vanessa D. Dickerson. *Recovering the Black Female Body: Self-Representations by African American Women*. Piscataway, New Jersey: Rutgers University Press, 2001.
- Bowling Green State University. "Wellness Connection-Student Wellness Network," Bowling Green State University Department of Recreation and Wellness, last modified unknown, accessed February 16, 2013, <http://www2.bgsu.edu/offices/sa/recwell/wellness/page60649.html>.
- Brown, Marveyln and Courtney Martin. *The Naked Truth: Young, Beautiful, and (HIV) Positive*. New York: HarperCollins Publishers, 2008.
- Buhi, Eric R., Stephanie L. Marhefka, and Mary T. Hoban. "The State of the Union: Sexual Health Disparities in a National Sample of US College Students." *Journal of American College Health* 58, no. 4 (2010): 337-346.
- Centers for Disease Control and Prevention. "New HIV Infections in the United States," Centers for Disease Control and Prevention, last modified December 2012, accessed August 30, 2013, <http://www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf>.
- Centers for Disease Prevention and Control. "Sexually Transmitted Disease Surveillance," Centers for Disease Prevention and Control, last modified 2010, accessed September 27, 2013, <http://www.cdc.gov/std/stats10/default.html>.

- Clark Atlanta University. "Clark Atlanta University Mission and Vision Statements," last modified June 22, 2013, accessed August 30, 2013, [www.cau.edu/About\\_Mission\\_Statement.aspx](http://www.cau.edu/About_Mission_Statement.aspx).
- Clark Atlanta University. "Peer Education," last modified unknown, accessed February 16, 2013, [http://www.cau.edu/Student\\_Health\\_peer\\_education.aspx](http://www.cau.edu/Student_Health_peer_education.aspx).
- Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York and London: Routledge, 2000.
- Collins, Patricia Hill. *Black Sexual Politics: African Americans, Gender, and the New Racism*. New York & London: Routledge, 2005.
- Collins, Patricia Hill. *From Black Power to Hip Hop: Racism, Nationalism, and Feminism*. Philadelphia: Temple University Press, 2006.
- Collins, Samia. *When I Grow Up, I Want to be a Prostitute: Stories of Broken promises and Shattered dreams*. Self-Published, 2012.
- Crawford, Tazhmoye V., Donovan A. McGrowder, Alexay Crawford. "Access to Contraception by Minors in Jamaica: a public health concern." *North American Journal of Medical Sciences* 1, no. 5 (2009): 247-55.
- Daniluk, Judith C. *Women's Sexuality across the Life Span: Challenging Myths, Creating Meanings*. New York & London: The Guilford Press, 1998.
- DiClemente, Ralph J. and Gina M. Wingood, Gina. "A Randomized Controlled Trial of an HIV Sexual Risk-reduction Intervention for Young African-American Women." *Journal of the American Medical Association* 274, no. 16. (1995): 1271-1276.
- Dixon, Dazon. "Efficacy of a Single-Session HIV Prevention Intervention for Black Women; A Group Randomized Controlled Trial." *AIDS and Behavior* 14, no. 3 (2010): 518-529.
- Evans, Stephanie, Colette M. Taylor, Michelle R. Dunlap, DeMond S. Miller. *African Americans and Community Engagement in Higher Education: Community Service, Service, Service-learning, and Community-based Research*. New York: State University of New York Press, 2009.
- Fullilove, Mindy Thompson, Robert E. Fullilove, III, Katherine Haynes, Shirley Gross. "Black Women and AIDS Prevention: A View Towards Understanding the Gender Rules." *The Journal of Sex Research* 27, no. 1 (February 1990): 47-64.

- Gray, Lizbeth A. and Marie Saracino. "College Students Attitudes, Beliefs, and Behaviors about AIDS: Implications for Family Life Educators." *Family Relations* 40, no. 3 (July 1991): 258-263.
- Hale, Frank. *How Black Colleges Empower Black Students: Lessons for Higher Education*. Sterling, Virginia: Stylus, 2006. Hawthorne, Walter. *From Africa to Brazil*. Cambridge University Press, 2010.
- Hawthorne, Walter. *From Africa to Brazil: Culture, Identity, and an Atlantic Slave Trade, 1600-1830 (African Studies)*. New York: Cambridge University Press, 2010.
- Hayes, Brenda D. and Leslie R. Boone. "Women's Health Research at Historically Black Colleges and Universities." *American Journal of Health Studies* 17, no. 2 (Spring 2001): 59.
- Houston, Marsha and Olga Idriss Davis. *Centering Ourselves: African American Feminist and Womanist Studies of Discourse*. Cresskill, New Jersey: Hampton Press, Inc., 2002.
- Hoytt, Eleanor Hinton and Hilary Beard. *Health First! The Black Woman's Wellness Guide: A Black Women's Health Imperative Project*. New York: SmileyBooks, 2012.
- Hudson-Weems, Clenora. *Africana Womanism: Reclaiming Ourselves, 4<sup>th</sup> revised edition*. New York: Bedford, 2004 (1<sup>st</sup> edition 1993).
- Hutchinson, M. Katherine. "The Influence of Sexual Risk Communication between Parents and Daughters on Sexual Risk Behaviors." *Family Relations* 51, no. 3 (July 2002): 238-247.
- Kamen, Paula. *Her Way: Young Women Remake the Sexual Revolution*. New York and London: New York University Press, 2000.
- Kim, Caron R. and Caroline Free. "Recent Evaluations of the Peer-Led Approach in Adolescent Sexual Health Education: A Systematic Review." *International Family Planning Perspectives* 34, no. 2 (June 2008): 89-96.
- Kim, Caron and Caroline Free. "Recent Evaluations of the Peer-Led Approach in Adolescent Sexual Health Education: A Systematic Review." *International Family Planning Perspectives* 34, no.2, (June 2008): 89-96.

- Kirby, Douglas B., Ph.D., B.A. Laris, M.P.H., and Lori A. Roller, M.S.W., M.P.H. "Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World." *Journal of Adolescent Health* 40: (2007) 206 – 217.
- Lorde, Audre. "Uses of the Erotic: The Erotic as Power." *Sister Outsider*. New York: The Crossing Press, 1984.
- Mannix, Daniel and Malcolm Cowley. *Black Cargoes*. New York: The Viking Press, 1962.
- McCree, Donna Hubbard, Kenneth Terrell Jones, Ann O'Leary. *African Americans and HIV/AIDS: Understanding and Addressing the Epidemic*. New York: Springer, 2010.
- Nguyen, Anh B. "Beyond Traditional Gender Roles and Identity: Does reconceptualization better predict condom-related outcomes for African-American women?" *Culture, Health & Sexuality* 12 no. 6 (2010): 603-616.
- Phillips, Layli. "Introduction" *The Womanist Reader* New York: Routledge, 2006.
- Poindexter, Cynthia C. *Handbook of HIV and Social Work: Principles, Practices, Population*. Hoboken, New Jersey: John Wiley & Sons, Inc., 2010.
- Roberts, Dorothy. *Killing the Black Body: Race Reproduction, and the Meaning of Liberty*. New York: Vintage Books, 1999.
- Robinson, Beatrice, Walter O. Bockting, B. R. Simon Rosser, Michael Miner and Eli Coleman. "The Sexual Health Model: application of a sexological approach to HIV prevention." *Health Education Research* 12, no. 1: (2002) 43-57.
- Schroeder, Elizabeth, Judy Kuriansky. *What People Want to Know*. Vol. 2 of *Sexuality Education: Past, Present, and Future*. Westport, Connecticut: Praeger Publishers, 2009.
- Schroeder, Elizabeth, Judy Kuriansky. *Principles and Practices*. Vol 3 of *Sexuality Education: Past, Present, and Future*. Westport, Connecticut: Praeger Publishers, 2009.
- Schroeder, Elizabeth, Judy Kuriansky. *Emerging Techniques and Technologies*. Vol. 4 of *Sexuality Education: Past, Present, and Future*. Westport, Connecticut: Praeger Publishers, 2009.



- Sedlacek, William E. "Black Students on White Campuses: 20 Years of Research." *Journal of College Student Development* 40, no. 5 (September/October 1999): 538-550.
- Shiloh, Kevin Patterson, Sybil Ward, Patrick S. Sullivan, James D. Heffelfinger. "HIV Risk Behaviors and Testing History in Historically Black College and University Settings." *Public Health Reports* 123 (2008): 115-123.
- Stayborn, Terrell L. and Melvin C. Terrell. *The Evolving Challenges of Black College Students: New Insights for Practice and Research*. Sterling, Virginia: Stylus, 2010.
- Thomas, Peter E., Andrew C. Voetsch, Binwei Song, Denyce Calloway, Carolyn Goose, Lynette Munday, Joanne Nobles, Kaye Sly, Michelle R. Smith, Brenda Williams, Mattie Shiloh, Kevin Patterson, Sybil Ward, Patrick S. Sullivan, James D. Heffelfinger. "HIV Risk Behaviors and Testing History in Historically Black College and University Settings" *Public Health Reports* 2008 123 (2008): 115-125.
- Walker, Alice. *In Search of Our Mothers' Gardens: Womanist Prose*. Orlando: Harcourt, Inc., 1983.
- Wallace-Sanders, Kimberly. *Mammy: A Century of Race, Gender, and Southern Memory*. Ann Arbor: University of Michigan Press, 2008.
- Warren-Jeanpiere, Lari, Madeline Sutton, Sandra Jones. "Historically Black Colleges and Universities' Campus Culture and HIV Prevention Attitudes and Perceptions Among Students." *Journal of College Student Development* 52, no. 6, (November/December 2011): 740-748.
- Watt, Sherry Kay. "Racial Identity Attitudes, Womanist Identity Attitudes, and Self-Esteem in African American College Women Attending Historically Black Single-Sex and Coeducational Institutions." *Journal of College Student Development* 47, no. 3 (May/June 2006): 319-334.
- Weinstock, Hillard. "Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000." *Perspectives on Sexual and Reproductive Health* 36, no. 1 (January/February 2004): 6-10.
- Winkle-Wagner, Rachelle. *The Unchosen Me: Race, Gender, and Identity among Black Women in College*. Baltimore: The John Hopkins University Press, 2009.

Wyatt, Gail. *Stolen Women: Reclaiming Our Sexuality, Taking Back Our Lives*. New York: John Wiley & Sons, Inc., 1997.